13613

etely filled in by the **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physican and worderly filled in burd director, page 3 shauld be detached for use as the buriol-transit permit. Then please cember carbon papers abound be filed with the State Dept. of Health prior to buriol, cremation, or remayal, and in any event, within 72 hours. Page 4 may be retained by the hospital or attending physicion.

5

VR ALS 30M REV.

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

Tineral Tand 2 death.

within 24 hours ofter deoth

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1. DECEASED-NAME	First		Middle		Lost		20. DATE OF			2b. HOUR
(Type or print)	MARGA	ARET	CLEMONS		dan	211/	Sent	Em De H	Doy 1968	S SAN
3. SEX		4. RACE			S DATE OF B	IRTH	79-1	6. AGE (In years	IF UNDER 1 YEAR	IF UNOER 24 NRS.
Femal	10	White					7	lost birthdoy)	MONTHS DAYS	NOURS MIN.
o. BIRTHPLACE (Stot	e or foreign	7b. CITIZEN OF WH		To		16,189		71 YR	(5.	
country)		7B. CHIZEN OF WH	IAI COUNTRY?		ED NEVER MA	KKIEU	COUNTY OF		1 00	
Virg		USA		WIDOW		RCED 🗌		Wicom		Md.
IO. CITY OR TOWN O	DEATH		ME OF HOSPITAL OR IN	STITUTION	(If not in hospitol			(Kind of work don		F BUSINESS OR
Salisbu	rv		treet oddress) eninsula	Ger	neral F	lospita	r or working i	life, even if retired usewife	I.) INDUSTRY	
	E (Where deceos	ed lived, if instituti	on: Residence before	13c. CITY	OR TOWN	13d. INSTDE CITY LIMIT		EET AND NUMBER		
odmission) STATE	Maryland	13b. COUNTY	icomico	Sali	sbury	YES NO] 40	7 Elizab	eth Stre	et
14. FATHER'S NAME	First	Middle	Lost	100,11		AIDEN NAME Firs		Middle		Lost
	Doland	Loo	V = 1	104	To mornex on	Addi		L.		Shay
160. WAS DECEASED	Roland	Lee	Kel	1ey	7. INFORMANT			Address:		abeth St
Yes, no, or unknow	(If yes give w	vor or dates of service)								
по			217-54-53	5/4	Mr. WII	I I alli K•	Agnew,	Salisbu		
			e for (o), (b), ond (c)	.)						ONSET AND OFATH
PART I. DE	ATH WAS CAUSED	D BY: ATE CAUSE (o)	eretrat	210	escull	in hi	ica	Pend	4	10 min
436	9	(0)	S A CONSEQUENCE OF	-					3	,
Conditions, if o	ny, which gove		1/2 1	sel	, , ,					
	ote couse (o),	DUE TO OP A	S A CONSEQUENCE OF		in one					
lost.	derlying couse	DOL 10, OK A	GILL	11	.11.	di	1100		4	mis.
	CICNIFICANT CON	(c)	TANG TO DEATH BUT N	OT DELATE	D TO THE TERMIN	A DISEASE OR COL	NDITION CIVEN	LIN DADT 1(a)		
PARI 2. OTHER	SIGNIFICANT COP	ADITIONS CONTRIBO	MINO TO DEATH BUT I	//	-	AE DISEASE OR COL	NUTTION GIVEN	I IN PART I(0)		
S JA DITTOT OF	EDITION ILO	COMPUTION FOR IN	CIL COTO ATION MILE OF		sily	200	Tan 15	WEST TOTAL PRINCIPLE	o colleipenen (l)	SERVICE OF THE PROPERTY OF THE
190. DATE OF OP	EKAHUN 19D.	CONDITION FOR WHI	ICH OPERATION WAS PI	EKFUKMED	20a. AUT			YES, WERE FINDING OF DEATH?	2 CONZIDERED IN I	CEKTIFYING
ĬŽ .					YES					
	WAS UNDERLYIN			210	. HOW INJURY OF	CURRED (Enter n	noture of injur	y in Port 1 or Port	2, Item 18.)	
	G CAUSE OF OEAT medical examin		Month Doy Year	9						
- ZIG. INJUKT U	CURRED 21e	PLACE OF INITIRY	AT NOME, EARM, STREET, EA		f. LOCATION Stre	et or R.F.D. No.	City	or Town	County	Stote
While Not of work	while		OFFICE BUILDING, ETC.	1						
		is basnital) otto	ended the deceos	ed from	7/10	68,19	, to	7/14	19.68, tha	at (I) Gues last
sow th	e deceased a	live on	7/19	1968	and that in in	v) (our) opini		ccurred on the	date and haur	r and from the
causes	stated above	e, (I) (wo) (did)	(did wiew the	body oft	er death.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			auto anta maon	
22b. SICNATURE		1	//	MI	2			2:	2c. DATE SIGNED	
Han	11 176	Non	ento	INC	EGREE PHYS.	NG DIR	ECTOR	STAFF PHYS.	7/19/6	8
22d. PHYSICIAN			1		22e. AD			6 1	1, .,	
NAME (Typ	e) Frank	c I. We	aver, Jr.	. M. C	3/4	W. Cai	rroll	, Sal15	DUry,	Mas
23o. BURIAL, CREMA					OR CREMATORY			N (City or Town)	(County)	(Stote)
REMOVAL (Spec	6.3								, ,,	, ,
24. FUNERAL DIRECT		otemper 2	2, 1968 Wi		o memor	2So. REC'D BY			AR'S SIGNATURE	i y ranu
		OMPANY. S	ALISBURY,		LAND	DAT SEP			man lu	
1.0220						DATPUL	U U IV	JU A	Trans Lee	ALL'

25351 1367 THE RESERVE OF THE RESERV Albert Willer Lead of the Manager of the AND THE RESERVE OF THE PROPERTY OF THE PARTY OF THE PARTY

Salisbury, Maryland

REMOVAL (Specify)
Burial

Hill Funeral Home

24. FUNERAL DIRECTOR

VR A15 (4)

30M REV. TX68

9-4-1968

12b. KIND OF BUSINESS OR

Rt. #5

Own Home

1968

1F UNDER 1 YEAR

INDUSTRY

2b. HOUR

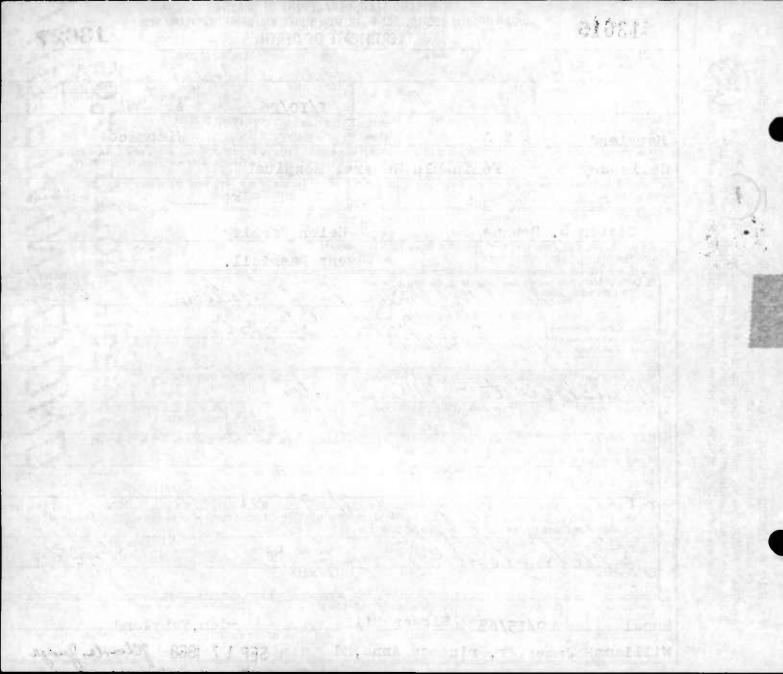
12: J.5AM

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

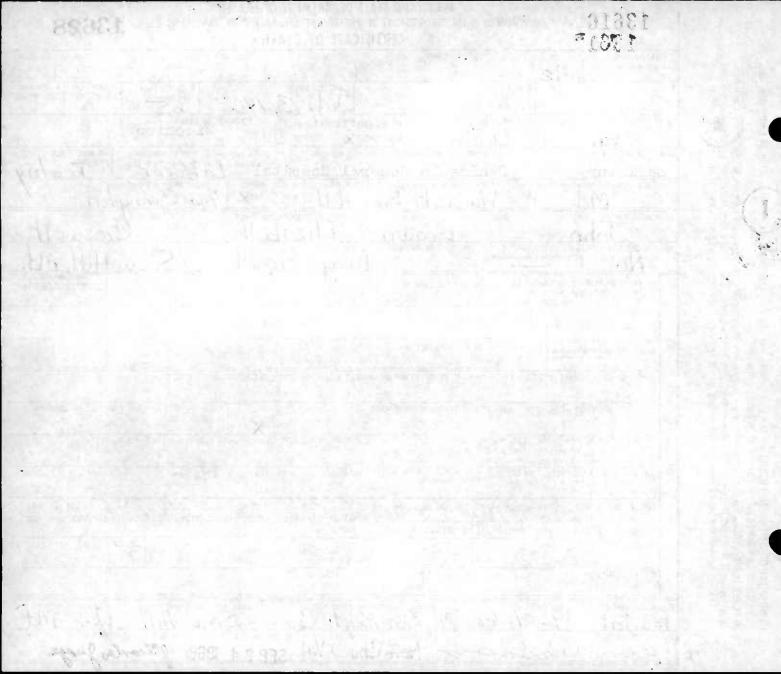
> Middle Lost Joy Address APPROXIMATE INTERVAL BETWEEN GINSET AND DEATH days 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) County Stote 22c. DATE SIGNED Deer's Head State Hospital, Salisbury, 23d. LOCATION (City or Town) (Stote) (County) Baltimore, Maryland Parkwood Cemetery 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Charles 1968 DASEP

1					1361
	5 moderates		Hermania	ELVANG	
		L	estile		
					Term 4
		Josef com leans			e Carlos
	AND BURNOTE SIN	UP COMPLETE	201.00		
	Stape a				
87.00 L			Todgmotil		
	Caroninas 1 100				
Yayloole	card from store he	ed a land			

Z



MARYLAND STATE DEPARTMENT OF HEALTH 13616 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13628 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2o. DATE OF DEATH Lost 2b. HOUR death. by the funeral within 24 hours after death (Type or print) ennie 4. RACE IF UNDER 1 YEAR 3. SEX S. DATE OF BIRT 6. AGE (In years IF UNDER 24 HRS. last birthday) DAYS HOURS eano 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Wicomico country) DIVORCED [WIDOWED X 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Hospital working life, even if retired.) give street oddress) INDUSTRY-Salisbury eninsula General -acto 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE A. 3b. COUNTY 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle removal, and in rowi please physician PHYSICIAN: The law requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no o unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: b IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove burial-transit rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been as the of Health priar ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 USe by the haspital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) far DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) detached 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at work ot work 22a. I certify that (I) (this haspital) attended the deceased fram. - 20 . 19 CO. to 190 (and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an be retained shauld director, page 3 shauld shauld be filed with the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE, 22c. DATE SIGNED **ATTENDING** DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City of Jown) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, (County) REMOVAL (Specify) - 68 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR



CAUSES OF DEATH? NO M

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) P.M

Month Doy Yeor

(AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.

DEGREE

21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)

City or Town

County Stote

21d. INJURY OCCURRED While Not while at work

21e. PLACE OF INJURY ot work 22a. I certify that \$\(\pi\) (this haspital) attended the deceased from April 13, 19 68, ta Sept. 21, 19 68, that \$\(\pi\)) (we) last saw the deceased alive an Sept. 21 19 68, and that in (my) (aur) apinian death accurred an the date and haur and from the

9/24/68

causes stated abave, \$9 (we) (did) (action) view the bady after death.

E. P. Ritchings. M.D.

PHYS.

22e. ADDRESS

YES M

DIRECTOR

STAFF PHYS.

22c. DATE SIGNED Sept. 22,1968

22d. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION,

22b. SIGNATURE

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)

Pine Bluff State Hospital

(County)

(Stote)

REMOVAL (Specify)
Burial 24. FUNERAL DIRECTOR

Dorchester Mem.

2Sq. REC'D BY REGISTRAR Cambridge Md. 21613ATE SEP 26 1968

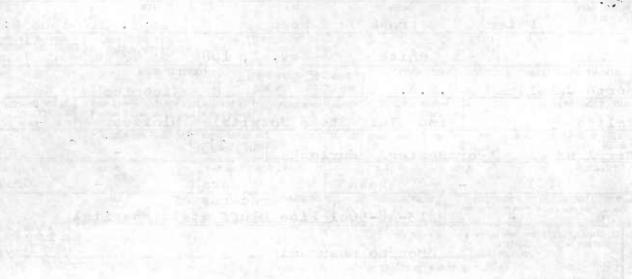
Park

Cambridge Dorchester
IRAR | 25b. REGISTRAR'S SIGNATURE

deoth. within 24 hours after death. and within corbon remove I axe and in any pleose physician requires that the death certificate removal, en cremotion, or buriol-transit signed by buriol os the TO FUNERAL DIRECTOR: After this certificate has been far use f Heolth be retained by the hospital or of o detoched OR ATTENDING should director, poge 3 should be filed v VR A15

30M REV.

esoci - Company de la company



Takasar ng mangalan na pangalan ng mangalan ng mangalan ng mangalan ng mangalan ng mangalan ng mangalan ng man Pangalan ng mangalan ng mga ng mg

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13630 13618 CERTIFICATE OF DEATH Last 2a. DATE OF DEATH 2b. HOUR DECEASED-NAME First law requires that the death certificate be executed within 24 hours after death. after death. ician and campletely filled in by the funeral (Type ar print) ar dward S. DATE OF BIRTH 6. AGE (In years IF LINGER 1 YEAR IF UNDER 24 HRS 3. SEX last birthday) HOURS Ma 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH COAles Ville /4 WIDOWED | DIVORCED Wicomico 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street address)
Peninsula General Hospital INDUSTRY Salisbury 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First d WARD Miller 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, na. ar unknawn) 182-10-3989 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY toration 87 CECUM IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave burial-transit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a. DATE OF OPERATION CAUSES OF DEATH? YES 🖂 NO [far use 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram.... , 19_ 19_ ____, ta_ and that in (my) (our) apinion death occurred on the date and haur and from the saw the deceased alive an____ shauld causes stated above, (1) (we) (did) (did not) view the body after death. 22c DATE SIGNED 22b. SIGNATURE MED. DIRECTOR director, page 3 shauld be filed v DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION 23b. DATE 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4)

30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13631 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR executed within 24 hours after death (Type or print) Manth Ella Davo las Bonnillel 08 3. SEX S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) HOURS K-17-81 Female 27 white YRS. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED bon popers. within 72 h completely filled in WIDOWED DIVORCED Wicomico County Accomac. Va 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12h KIND OF BUSINESS OR give street address) during mast of warking life, even if retired.) INDUSTRY remove carbon Salisbury touse wife Wicomico Nursing 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CTY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY YES 🗌 NO Accomas 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First Middle Middle puo Last James Waterfield Susan 16b. SOCIAL SECURITY NO 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war or dates of service) Yes, na, ar unknawn) 18. CAUSE OF DEATH (Enter only one cause per line-for (a), (b) AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation DUE TO, OR AS A CONSEQUENCE requires that the Canditians, if any, which gave buriol-tronsit rise ta immediate cause (a). signed by stating the underlying cause buriol OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6) be retained by the hospital or attending director, page 3 should be detached for use as the Ishould be filed with the Stote Dant at 11 19b. CONDITION FOR WHICH OPERATION WAS BERFORMED 20a. AUTOPSY'S 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Caunty State While Nat while at work at wark O FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased from. 19 Gond that in (my) (aur) apinion deoth accurred on the dote and have and from the saw the deceased alive on. cooses stoted abave, (1) (we) (did not) view the body after death 22b. SIGNATURE 22 DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS PHYS PHYSICIAN'S 22e. ADDRES NAME (Type

(State)

(Caunty)

2Sb. REGISTRAR'S SIGNATURE

2Sa. REC'D BY REGISTRAR

VR A15 [4] 30M REV, 1/68

23a. BURIAL, CREMATION

REMOVAL (Specify) 24. FUNERAL DIRECTOR

HOUSE MIPE Mrs. Robert Bonninger serolud Humberi 9-23-68 Bello Haward Better Having Chemowsky Val Harlest Der Stelltern a Comment of the world 1913 of Secondary Investor

2So. REC'D BY REGISTRAR

1968

VR A15 (4)

24. FUNERAL DIRECTOR

William H. James Jr. Princess Anne. Md

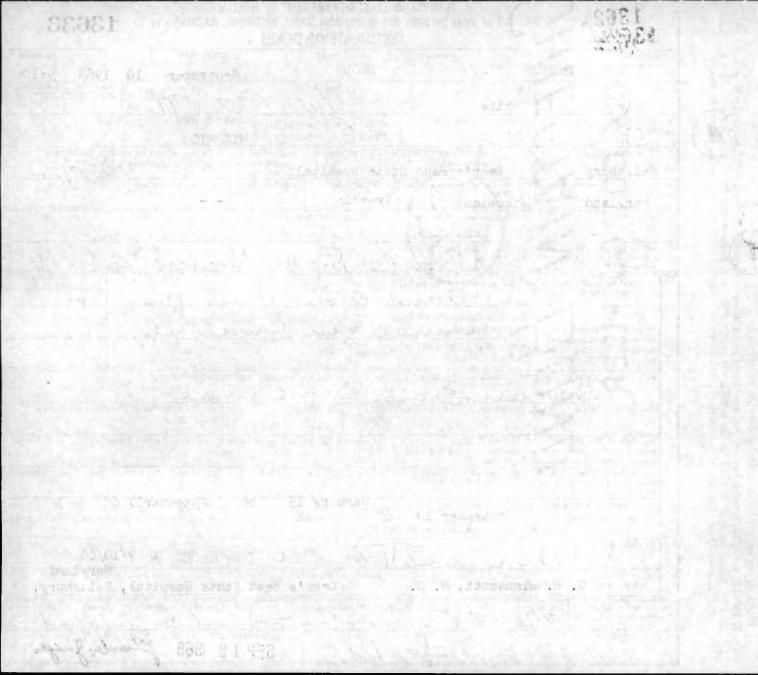
(1) 数数数数 maran geras a consequent of the 1-016 THE RESIDENCE OF THE PARTY. AND THE PARTY OF T

378 Kidga

emeler

&mbrion8

VR A15 (4) 30M REV. 1/68 SMOVAL (Specify)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH LTH DEPT. 1. DECEASED-NAME First 2g. DATE KNOWN Month (Type or Print) ESTI-Page LUTHER WARREN BRUMBLEY DEATH MATED 3 3 SEX 4. RACE 6. AGE (In years S. DATE OF BIRTH IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD February 4, 1895 1895 Male White September 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Maryland USA WIDOWED [DIVORCED [WICOMICO Give Pages land2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital ffice alang with 12a. USUAL OCCUPATION (Kind of work done give street address) R.D., Springhill Lane, Salisbury Retired Farmer OC Hebron death. 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY DR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Maryland Wicomico Hebron R.D., Springhill Lane after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Brumbley. Warren **Emma** haurs Mrs. Margaret F. Brumbley(Wife) & Brumbley (Son) 213 W. 7+K (Wife) & 160. WAS DECEASED EVER IN U.S. ARMED EORCES? 16b. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service) 220-34-9524 File event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) This certificate shauld be executed permit. shauld be farwarded to the Chief Medical PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if any, which gave rise to immediate cause (a), writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 2. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH DPERATION WAS PERFORMED? necessary, please execute the certificate, 10 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: crematian, CAUSE OF DEATH 21 d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE the funeral director. Page 22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection X Natural causes Accident . Suicide | death resulted from Hamicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER O DEPUT L. Royer, M. Ear 1 DEPUTY MEDICAL EXAMINER EXAMINER'S 5 may O FUNE Health

VR A15ME (5)

County State and in my apinian Inquiry Y Undetermined manner 22b. DATE SIGNED /1968 Sept. ADDRESS(Street, city, town, or county) NAME (Type) 409 Camden Ave. Salisbury, Md. 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATDRY 23d. LOCATION (City or Town) (County) Sept. 20,1968 Springhill Memory Gardens Salisbury, Wicomico, Maryland 24. FUNERAL DIRECTOR 25g, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE HOLLOWAY & COMPANY, SALISBURY, MARYLAND 1968

13634

1968

19 68

12b. KIND OF BUSINESS OR

Farming

Smith

James

BETWEEN ONSET AND DEATH

20. AUTOPSY?

YES 🗀

Mr.

2b. HOUR

2d. HOUR

Day

NDUSTRY

.1363... 13634 reast APPLY OF THE RESIDENCE OF THE PROPERTY OF THE The Control of the Co in graf of which 8801 is got

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13635

				EKIIFIC	LAIL OF D	EAIR						
1. DECEASED-NAME (Type or print)	First		Middle	DI	last		2a. DATE OF		D	V	2b. H	HOUR
	MERRILI		HNSON	DU	IRHANS,S:			Month	13	1968	3	A.M
3. SEX	4.	RACE Tylonia to a			5. DATE OF BIRT			6. AGE (In ye		MONTHS DAYS	HOURS	24 HRS. MIN.
Male		White						10	YRS.			
7o. BIRTHPLACE (Stote or country)	toreign 7b. C	ITIZEN OF WHAT CO			NEVER MARRI	ED	COUNTY OF					
country N.Y. Sta		U.S.A.		WIDOWED								Md
10. CITY OR TOWN OF DEA Salisbury		gipting	HOSPITAL OR INS	eneral	natin hospital L Hospita			ifa even if re	tired)	12b. KIND OF I INDUSTRY Telegr	aph	OR
13a. USUAL RESIDENCE (Woodmission) MAFyla	nd 13	ed, if institution: R Bb. COUNTICON	esidence before	Parso	nsburg	d. INSIDE CITY LIMITYES NO [EET AND NUM	BER			
	First	Middle	Lost		S. MOTHER'S MAID		st	Mi	ddle	-	Last	
Merr	ill	0.	Burhan	S		Mary				Bohl	an	
16a. WAS DECEASED EVER Yes, no, or unknown)	IN U.S. ARMED FO	toe of conucal	SOCIAL SECURITY N		INFORMANT				dress			
Yes	W.W.	.I 09	1-03-8	40 M1	rs. Alic	e McDo	nough 1	Burhan	s, Se			
18. CAUSE OF DEAT		cause per line far	(o), (b), and (c).				5 7 7 1			BETWEEN ON	ATE INTERV	AL EATH
PAKT I. DEATH	WAS CAUSED BY: IMMEDIATE CAI	USE (a)	Mer	real	Alol	en en	e An	lenty	m	T	4-	-
441.0		DUE TO, OR AS A C	ONSEQUENCE OF	e	-, 1			0				
Canditions, if ony, w		(b) A	bolon	me	Arla	tym	1			MI	60	
stating the underly		due to, or as a c	ONSEQUENCE OF							100	- P	
lost.	,	(c)									ZFV	
PART 2. OTHER SIGN	IFICANT CONDITION	NS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO	O THE TERMINAL I	DISEASE OR COI	NDITION GIVEN	IN PART 1(a)				
8 49 /X	an Ital condi	TION SOR WILLIAM	SERVICE MAN DEL	FORMER	Ing Autono	240	001 15	use were sitt	DINOS CO	NCIDERED IN CO	D.T. (1) (1) (1)	
19a. DATE OF OPERATION OF STATE OF STATE OF OPERATION OF STATE O	Ale	TION FOR WHICH OF	o perol	see	20a. AUTOPS	NO 🗔	CAUSES	OF DEATH?		NSIDERED IN CE	RIIFYING	j
		21b. TIME OF INJU HOUR A.M. Ma	RY nth Day Year	21c. H	OW INJURY OCCUP	RRED (Enter n	noture of injur	y in Part 1 or	Port 2, Ite	em 18.)		
(If either, notify me	dicol exominer)	P.M.	19				-12/25	HALE.		5-14-4	Later 1	
21d. INJURY OCCURE While Not while	RED 21e. PLACE	OF INJURY (AT HO	ME, FARM, STREET, FAC BUILDING, ETC.	TORY.) 21f. LO	OCATION Street	or R.F.D. No.	City	or Tawn		County	St	tote
at wark ot wark	-				12/2	10 /		/	10/		411	
220. I certify th	iat (I) (this ho	on	d the decease	d tram	d that in (my)	, 19 <u>.0</u>		furred on		that	(I) (w	e) last
causes stat	ed abave, (I)	(we) (did) (did	not) view the l	oody ofter	death.	(out) upitit	ion decili o	ccorred on	ine don	e ana naor c	ina no	III IIIe
22b. SIGNATURE						4451		CTAFF	22c. D	ATE, SIGNED		
John?	m Bl	colema .	III on	DEG	REE PHYS.		ECTOR	STAFF PHYS.	9-	16-1968	5	
22d PHYSICIAN'S	/				22e. ADDRE			13/10/		STATE		
NAME (Type)	JOHN	M. BL	OXOM	MD	Sali	sbury,	Maryl	and				
230. BURIAL, CREMATION,	23b. DATE		23c. NAME OF	CEMETERY OR	CREMATORY		23d. LOCATIO			(County)	(State))
REMOVAL (Specify)	9-17	-1968	Kensid	co Cem						ester, N	1.Y.	
24. FUNERAL DIRECTOR Hill Funer	and Uoma	Coliaba	ADDRESS	rland	2	So. REC'D BY	REGISTRAR	2Sb. REG	STRAR'S S	GIGNATURE Que		
HILL Fune	LaT Louis	Dattaba	ry, mary	Land		DATE SEP	19 19	OO K	- Carrier	way you	The same	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicing and completely director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbot shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, w VR A15 (4) 30M REV. 1/68

inted in by the funeral names. Pages I and 2 interest death.

uted within 24 haurs after death

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exel

Page 4 may be retained by the haspital ar attending physician.

13635			
Telepini in the			134%
	(Section)		
	Hallow Brown		
,			5 (7040), 387
		result payors!s	et ato sale.
pints.		- enterior of	a de la
Tone service	to the respect of the sec		Lear 1 ast
	A Bearing	A STATE OF THE PARTY OF THE PAR	
		The Walls	
		The state of the s	

MARYLAND STATE DEPARTMENT OF HEALTH

13624

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13636

100%	7			ERTIFIC	ATE OF	DEATH					
1. DECEASED-NAME (Type or print)	First Lillia	in	Middle Carey	Ca	lost antwel	1	20. DATE (Month	Dgy	1988	2b. HOURP 9:15 M
3. SEX		4. RACE			S. DATE OF I			6. AGE (In y	ak)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
Female 7a. BIRTHPLACE (State country) Maryla 10. CITY OR TOWN OF	ar foreign 7	White b. CITIZEN OF WI U.S.	HAT COUNTRY? A AME OF HOSPITAL OR INS	WIDOWED [NEVER MA	DRCED 12a. USUA	9. COUNTY C Wicon	nico IN (Kind af wo		12b. KIND OF E	Md BUSINESS OR
Salisbur 130. USUAL RESIDENCE admission) STATE			street address) LCOMICO Nur ian: Residence before	sing I 13c. CITY OR Salish	TOWN	13d. INSIDE CITY LI	MITS? 13e.	WITE STREET AND NUM	MBER	INDUSTRY H	Home
14. FATHER'S NAME Wash	First nington	Middle H •	Carey Books	15	. MOTHER'S A	MAIDEN NAME F	irst	٨	Middle	Bound	Lost
16a. WAS DECEASED E Yes, no, or unknow	n) (If yes give war o	or dates of service)	16b. SOCIAL SECURITY N 217-54-531	6 M	nformant cs. Pe	arl Bar	ker S		ddress		IATE INTERVAL
Conditions, if an rise to immedia stating the und	NH WAS CAUSED IN IMMEDIATE Ty, which gave at a cause (a). erlying cause	DUE TO, OR A	ne for (a), (b), and (c), and (c), and (c), and (c), as a consequence of as a consequence of	ratu	ner!	ladia		04-0			EU)
1990. DATE OF OPE	ette 1	mell	HING TO DEATH BUT NO LICES — IICH OPERATION WAS PER	fr	20a. AUT	OPSY?	V 60	in		ONSIDERED IN CE	RTIFYING
OR CONTRIBUTING (If either, notify 21d. INJURY OCC While Not w						CCURRED (Enter		jury in Part 1 o	r Port 2, I	County	State
22a. I certify	that (I) (this deceased alivitated above)	e an I) (we) (did)	ended the decease (did not) view the b	9.62 Jane	lathot in (r leath.	ING M DI	ED. IRECTOR Dury, 1	STAFF C	22c. 9	te and hour of the signed 1968	(I) (we) last
230. BURIAL, CREMATI REMOYAL (Specif	Y) 9-6.	TE -1968	23c. NAME OF C		4		Alle		mico	(County) Marylan	(State) nd
24. FUNERAL DIRECTO Hill Fur	R neral Hor	ne, Sal	isbury, Mai	ryland		2Sa. REC'D B		a - L	-	SIGNATURE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and computely filled in by the fun director, page 3 should be detached for use as the burial-transit permit. Then please remove concernations. Pages 1 should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 30M REV. 1

24 haurs after death

13636	DEADER OF THE RESERVE	THE WAY WAS A STATE OF THE PARTY OF THE PART		13625
SCHO BINE			Jernii.	multille
	Superior St.	de Employe		66.00
	a landi			business
CHES MIN	James and St.	and the	er collision re	SCILL TROUBLES
COUNTS	100 to			
60,000			tannia Romana Romana	the subtree
			Co-security	
1,783	1668 823 82	ata yantara. Ashala Tan		
	9. 11.			
		X THE STATE OF		
	No Depth (Took)		and the second	
्राष्ट्र विश्व विश्व र	at or set La	166,7751	distant in	94-45, 4115 V
	- Se 486 0 498		a contact is	, ato Limman Life.

Development and the fire and States and

23c. NAME OF CEMETERY VIEW OF TATORY

Pocomoke City, Md.

Porterville Meth.

23b. DATE

9-9-1968

23a. BURIAL, CREMATION

23d. LOCATION (City or Town)

2Sa. REC'D BY REGISTRAR

(County)

Stockton - Wor. - Md.
GISTRAR 25b. REGISTRAR'S SIGNATURE

(Stote)

O FUNERAL DIRECTOR: After this certificate has been Page 4 may be retained

The state of the s

1		HIT OF THE LTI	LmG405 10/8	60 jp	ERTIFICA.	TE OF DEATH			136	
3		EASED-NAME pe or print)	FIRANK	Middle H •	ICIAI	PLATION	20. DATE OF	TEMBER DO	26 1968	2b. HOU
	3. SEX	MALE	4. RACE Whi			bate of Birth '' eptember 29		6. AGE (In years lost birthdoy) YRS.		HOURS /
	7a. Bl caunt	IRTHPLACE (Stote or foreign) Virginia	gn 7b. CITIZEN OF USA	WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF	Wicomic Wicomic	20	
80	Sa	TY OR TOWN OF DEATH	Per	NAME OF HOSPITAL OR INS	eneral :	Hospita'r	most of working	(Kind of work dane life, even if retired.) & operator	12b. KIND OF B INDUSTRY Print	
		JSUAL RESIDENCE (Where sion) STATE Virg	inia lived, if instit	tution: Residence before Hampton	13c. CITY OR TO Hampton	VEC CO	LIMITS? 13e. ST	REET AND NUMBER 3 Chesapea		
3	14. FA	ATHER'S NAME First John	Middle Andrew	041 16 001		-		Middle Face	Brown	Lost
	160. Ye	was deceased ever in u s, ng, ar unknown) (ff) Unknown	I.S. ARMED FORCES? yes give war ar dates of service)	16b. SOCIAL SECURITY N		RMANT(Wife) . Sallie F	. Carlto	2403Address (n, Virgi	
	9	Conditions, if ony, which rise to immediate caus stoting the underlying last.	MMEDIATE CAUSE (a) DUE TO, OI gave (a), (b) cause (c)	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF BUTING TO DEATH BUT NO	nose levo t			Descre	120	lays
		420 J		WHICH OPERATION WAS PE	I AREA				CONCIDEDED IN CED	19
,	_	190. DATE OF OFERATION	TAB. CONDITION TOK	MINICII OI EKANON MASTE	KIOKINLO	20a. AUTOPSY?	CALISE	YES, WERE FINDINGS OF DEATH?	ONSIDERED IN CER	TIFYING
		21a. ACCIDENT WAS UND ☐ OR CONTRIBUTING ☐ CAUSI	DERLYING 21b. TIME E OF DEATH HOUR A.M	OF INJURY A. Manth Doy Year	21c. HOW	YES TO NO [INJURY OCCURRED (Ent	CAUSES	OF DEATH?	és	TIFYING
1	MEDICAL	21a. ACCIDENT WAS UND	DERLYING 21b. TIME E OF DEATH exominer) P.A	OF INJURY A. Manth Doy Year	21c. HOW	NUURY OCCURRED (En	CAUSE:	OF DEATH?	és	TIFYING
1	MEDICAL	21a. ACCIDENT WAS UND OR CONTRIBUTING CAUSS (If either, notify medical 21d. INJURY OCCURRED While Not while of wark 22a. I certify that (saw the decea causes stated	DERLYING 21b. TIME 6 OF DEATH HOUR A.M. P.A. 21e. PLACE OF INJUR' (I) (this hospital) a sed alive an	OF INJURY A. Month Doy Year A. 19 Y (AT HOME, FARM, STREET, FACOFFICE BUILDING, ETC.	21c. HOW TORY.) 21f. LOCAT ed from 9_62, and the	YES YES NO [INJURY OCCURRED (Enter of R.F.D. No. 19 Yes Yes No	CAUSE:	or Tawn 9-26, 19 Occurred on the do	County County Last, that (ate and haur a	Sto
	MEDICAL	21a. ACCIDENT WAS UND OR CONTRIBUTING CAUSS (If either, notify medical 21d. INJURY OCCURRED While Not while at wark 22a. I certify that (saw the decea causes stated (22b. SIGNATURE	DERLYING 21b. TIME 6 OF DEATH HOUR A.M. P.A. 21e. PLACE OF INJUR' (I) (this hospital) a sed alive an	OF INJURY A. Month Doy Year A. 19 Y (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. ttended the decease	21c. HOW TORY.) 21f. LOCAT ed from 9_62, and the	YES YES NO [INJURY OCCURRED (Enter of R.F.D. No. 19 Yes Yes No	CAUSE:	or Tawn 9-26, 19 Occurred on the do	County	Sta I) (we nd from
1	MEDICAL	21a. ACCIDENT WAS UND OR CONTRIBUTING CAUSI [If either, notify medical 21d. INJURY OCCURRED While Not while of wark 22a. I certify that (DERLYING 21b. TIME FOR DERLYING PUBLIC PLACE OF INJURY (I) (this hospital) a sed alive anabove, (I) (we) (did a sed alive anabove, (I) (we) (did a sed alive)	OF INJURY A. Manth Doy Year A. 19 Y (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. ttended the decease 1 d) (did net) view the l	21c. HOW TORY.) 21f. LOCAT ed from 9 62, and the bady after dec	YES NO [INJURY OCCURRED (End INJURY OCCURRED (End INJURY OCCURRED (End INJURY OCCURRED (End INJURY OCCURRED IN	CAUSES Ter nature of inju To. City City MED. DIRECTOR CAUSES CAU	or Tawn 9-26, 19 occurred on the do STAFF Se Salisbury.	County County As that (ate and haur a pate signed pt. 26, Maryland	510 (1) (we) nd fron 1968
1	WEDICAL STATE OF THE STATE OF T	21a. ACCIDENT WAS UND OR CONTRIBUTING CAUSS (If either, notify medical 21d. INJURY OCCURRED While Not while at wark 22a. I certify that (saw the decea causes stated (22b. SIGNATURE	DERLYING 21b. TIME HOUR A.M. exominer) P.M. 21e. PLACE OF INJURY (I) (this hospital) a sed alive an abave, (I) (we) (did	OF INJURY A. Manth Doy Year A. 19 Y (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. ttended the decease d) (did net) view the l	21c. HOW TORY.) 21f. LOCAT ed from 9, and the day after decompared.	YES NO [INJURY OCCURRED (Entitle) (E	CAUSE: Iter nature of inju Io. City October 1	or Tawn 9-26, 19 Occurred on the do	County County Date and haur a DATE SIGNED pt. 26, Marylan (County) Vir	Sto (1) (****) nd from

ate be executed within 24 hours after death.

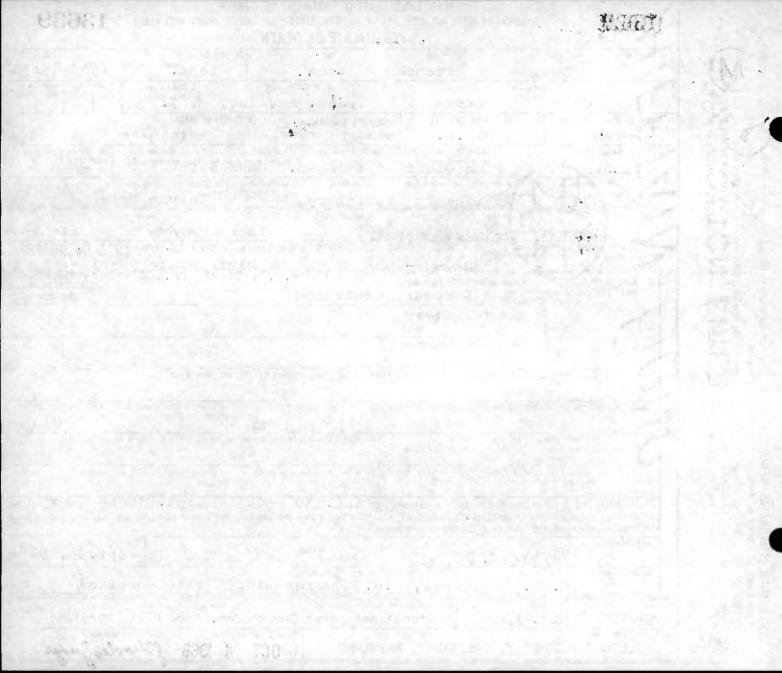
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certify Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

CARACTER STEEL COMP. DO THE PROPERTY OF THE PR Company of the Compan

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

						ERTIFICA	TE OF DEATH					
		CEASED-NAME	First		Middle	× 1100	Last	2a. DATE C		1		2b. HOUR
	(1)	rpe ar print)	Emma		Ritchie		Core	S	ept Manth	3 Chan	1988	9:35m
	3. SEX	(4. RACE	101 7 7 7 1		DATE OF BIRTH		6. AGE (In yeo last highday)	rs	IF UNDER 1 YEAR	IF UNDER 24 NRS.
		female	20	wl	ite		Jan. 10,	1897	last_highday	YRS.	MONTHS! DAYS	HOURS MIN
		RTHPLACE (State or foreign	gn 71	. CITIZEN OF WHAT	COUNTRY?	B. MARRIED	NEVER MARRIED	9. COUNTY C	F DEATH			
	coun	aryland		U.S	. A .	WIDOWED 🔀			Wi.com:	ico		Md.
		TY OR TOWN OF DEATH	100	11. NAMI	OF HOSPITAL OR INS	TITUTION (If nat	n haspital 12a. USI	UAL OCCUPATIO	N (Kind of work	done	12b. KIND OF	BUSINESS OR
202	6	Salisbury		i ne	Bluff	State	Hosp during	lousew	114 even it ret	ired.)	INDUSTRY	
	13a. I	JSUAL RESIDENCE (Where	deceased	lived, if institution	Residence before	13c. CITY OR TO			STREET AND NUMB			
1	Mannis	sion) STATE laryland		Wicomi	.co	Salis	bury YES	NO 🗌	Calvin	Dr:	ive	
/	14. F	ATHER'S NAME First		Middle	Last	1S. /	MOTHER'S MAIDEN NAME	First	Mid	ldle		Last
		Jose	eph	Stansb	urytaFigo	STY	Al	ice	Mayhew		Ri	tchie
	16a.	WAS DECEASED EVER IN U	.S. ARMED	FORCES? 16	b. SOCIAL SECURITY T	io. 17. INF	DRMANT recor	ds of	: Mrs. Add	ress An	na C.	Horton
	- 1	No	-	2	220-09-	1993	Pine	Bluff	State	Hos	spita.	L'
3		18. CAUSE OF DEATH (E	nter anly	one couse per line	(a), (b), and (c).)	DRMANT recor Pine R.D.7	, Calvi	n ur.,5	alis	BETWEEN O	INSET AND DEATH
				Y: (AUSE (a)	Coronar	y Occl	usion	1 X C X	19 400		3 da	ays
- 1		4109			CONSEQUENCE OF							
		Canditions, if ony, which rise to immediate cous	gove)	(b)		S.E. V.O.	P. Maria	1000	-9481140	11171		5011
		stating the underlying	couse	DUE TO, OR AS	CONSEQUENCE OF							
		last.		(c)								
		PART 2. OTHER SIGNIFICA	NT CONDI	TIONS CONTRIBUTIN	G TO DEATH BUT NO	OT RELATED TO T	HE TERMINAL DISEASE OF	RCONDITION GIV	EN IN PART 1(0)			100 m
	NC	4201										
	CERTIFICATION	19a. DATE OF OPERATION	19b. CO	NDITION FOR WHICH	OPERATION WAS PE	RFORMED	20a. AUTOPSY?	CALIC	IF YES, WERE FIND ES OF DEATH?	DINGS CO	NSIDERED IN C	ERTIFYING
2	RTIFI						YES NO E					
		21a. ACCIDENT WAS UND		21b. TIME OF IN	IJURY Month Day Year	21c. HOW	INJURY OCCURRED (En	ter nature of in	jury in Part 1 or f	Port 2, Ite	em 1B.)	
	MEDICAL	(If either, notify medical	exominer	P.M.	19		9 (1.0)					
		21d. INJURY OCCURRED While Nat while at work	21e. Pt	ACE OF INJURY (AT	HOME, FARM, STREET, FAC FICE BUILDING, ETC.	TORY.) 21f. LOCA	TION Street or R.F.D. N	lo. Ci	ty ar Tawn		County	State
		22a. I certify that a	this (this	haspital) attend	ded the decease	ed from Au	g. 30 , 19	08_, ta_	Sept.	309_	68 , that	(PK (we) last
		saw the decea	sed aliv	e on Sept	data view the	9 <u>68</u> , and 1	hat in (14534) (aur) a	pinian death	accurred an 1	the dat	e and haur	and fram the
		22b. SIGNATURE	, svoub	1) (we) (ala) (a	among view ine	bady after de	uiii.			1 22c D	ATE SIGNED	
		220. SIGNATURE	91	Rite	1	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	Se	pt.30	,1968
		22d. PHYSICIAN'S	9	race	wy	PEONEE	22e. ADDRESS	DIRECTOR —	71113.			
1			E. I	. Ritc	hings,	M.D.		luff S	tate H	osp	ital	
2	23a.	BURIAL, CREMATION,	23b. DA		23c. NAME OF			23d. LOCA	TION (City ar Town	n)	(County)	(State)
1		REMOYAL (Sperify)	Oct.	3,1968			odist Churc	ch Cem.	, Snow Hi	11,		nd
	24.	FUNERAL DIRECTOR			ADDRESS		2Sa. REC'D	BY REGISTRAR	2Sb. REGIS	STRAR'S S	IGNATURE	
100		AVITORIOR	COMI	IND VINA	TCRIIDV	MADVI AM	0.0	T 4 4	ach or	//-		104



Pocomoke

	34			CEIGHILL	CAIL OI	PLAIII						
1. DECEASED-NAME	First		Middle		Last		2o. DATE OF				2b.	HOUR
(Type ar print)	Alg	12	Baldwin		Cox		Septe	Month D	19	eor b	G:	50 A
3. SEX	(4. RACE			5. DATE OF	BIRTH		6. AGE (In years	IF UNDER	1 YEAR	IF UNDER	
Malo		143	hite:		Feb.	14,	1880	last birthday)	MONTHS	OAYS	HOURS	M
7o. BIRTHPLACE (State	or foreign	7b. CITIZEN OF V	VHAT COUNTRY?	B. MAPPIED	NEVER MA		9. COUNTY OF					1
Marylar	nd	U.	S.A.	WIDOWED		ORCED	W	Lcomico				
10. CITY OR TOWN OF	DEATH		NAME OF HOSPITAL OR IN					(Kind af wark done		KIND OF		
Salisbu:	ry	Per	street oddress) a G	enera	al Hos	spital	lost of working	life, even if retired.) rman	Se	stry eaf	boc	
			ution: Residence befare	13c. CITY O	R TOWN	13d. INSIDE CITY		REET AND NUMBER		(%)		
odmission as IAJE 1 a	and	AP ROMIA	erset	Mari	Lon	YES N	R R	.F.D. 1,	Box	x 10	20	
14. FATHER'S NAME	First	Middle	Last		S. MOTHER'S A	MAIDEN NAME	First	Middle			Last	
Wil	lliam		Cox	950		-	- unk	nown				
16a. WAS DECEASED EV	ER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURITY I	NO. 17.	INFORMANT		The Lotte	Address		-		
Yes, no, or unknown	(It yes give v	vor or dates of service)	214-34-5	179 N	irs Id	la Cox	. Mari	on. Mary	rland	1		
IB. CAUSE OF D	EATH (Enter or	ly one couse per	line for (a), (b), and (c).							APPRÓXIA ETWEEN O	NATE INTER	
PART I. DEA	TH WAS CAUSE	D BY:	(1-1)	1	care	sh.				CIWILIN O	ADEL MIND	JEATH
4510) IMMEDI	ATE CAUSE (o)	AS A CONSEQUENCE OF		04,5		,	V		1	1	
Conditions, if any	y, which gove		AS A CONSEQUENCE OF	4 .	2	. h	1010		1	mm	edi	at
rise ta immedio		(b)	AS A CONSEQUENCE OF	wh.	1	2101	1				,	1
stating the under	x couse	(c)	elvic the	duto	Ich	lebit	ei			7-	100	las
PART 2. OTHER S	IGNIFICANT CO	NDITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED 1	O THE TERMIN	AL DISEASE OR	CONDITION GIVE	N IN PART 1(o)			, 1	7
z 7 (JUL V	words	U									
19a. DME OF OPPA	ATION Vb.	CONDITION FOR W	HICH OPERATION WAS PE	RFORMED	20a. AUT	OPSY?		YES, WERE FINDINGS	CONSIDER	ED IN CE	RTIFYIN	G
9/17/6	8	15/1	1		YES	NO [CAUSES	OF DEATH?	es			
		W. 1			IOW INJURY O	CCURRED (Ente	er nature of inju	ry in Port I ar Part 2	, Item 1B.)			
OR CONTRIBUTING (If either, notify												
	IIRRED 21e		AT HOME, FARM, STREET, FAC		OCATION Str	eet ar R.F.D. No	o. City	or Tawn	Caunt	у		Stote
While Nat w	hile 🗆		OFFICE BUILDING, ETC.	/	0/1		· d	2/-	- 0	/		
		is hospital) at	the decease	ed from	7/10		2 0 , ta	100 1	968	that	(I) (w	(e) I
saw the	deceased o	live an	1130	96 d. ar	nd that in (r	ny) (our) ap	inian death	accurred an the o				
	tated abav	e, (I) (we) (did) (did-not) view the	bady after	death.							
22b. SIGNATU	/all	70el	kenly "	1. DEG	REE PHYS.		MED. DIRECTOR	STAFF PHYS.	DATE SIG	MED	8	
22d. PHYSICIAN'S NAME (Type)		ter De	Vou Kt. T	v. m	n 22e. AD		1 Centr	5/13	bur	7	M	7.
23a. BURIAL, CREMATIO	ON 23b	DATE	23c. NAME OF	CEMETERY O	C MEMORIAL MANAGEMENT		23d. LOCATIO	N (City ar Tawn)	(Caur	tv)	(State	e)
BEMOXAL (Specify	1	-2-196			Method			eth-Some	1	11	Jd.	
18 PHINERAL DIRECTOR			ADDRESS		3 0 110 0		BY REGISTRAR	2Sb. REGISTRAR			- Wa	

City, Md.

DATE OCT

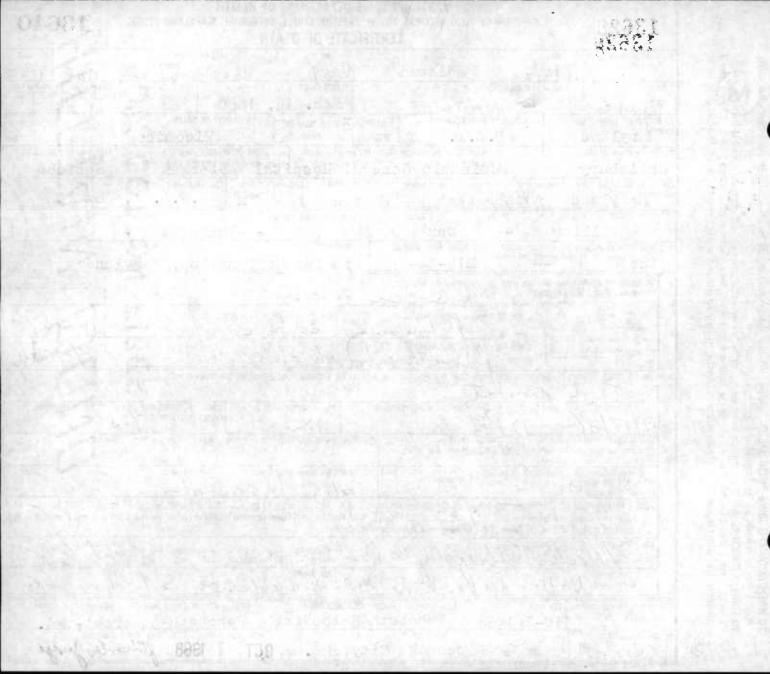
1968

13640

TO FUNERAL DIRECTOR: After this certificote has been signed by the ottending physicion ond completely filled in by take director, page 3 should be detached for use os the burial-transit permit. Then please remove carbon popers. Poshould be filed with the State Dept. of Heolth prior to burial, crematian, or removal, and in any event, within 72 hours

certificate be executed within 24 hou

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Poge 4 moy be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13641

			.EKIIFICA	IL OF DEATH				
1.	DECEASED-NAME First	Middle	ENVILLE	Last	2o. DATE OF			2b. HOURD
	(Type or print) Louis	88		Crotty	9	Month 20 Da	68 Year	12:30
3.	SEX	4. RACE	5.	DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Н	Female	White	þ	ct 6, 1913	3	lost birthday)	MONTHS DAYS	HOURS MIN.
		b. CITIZEN OF WHAT COUNTRY?	B. MARRIED	NEVER MARRIED	9. COUNTY OF			-12 70 11
N	lorth Carolina	USA	WIDOWED			Wicomico		Md.
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not	in hospital 120. USUA		(Kind of work dane		BUSINESS OR
L	Salisbury	give street address) Deer's ead	State I	Tospital	Labor	life, even if retired.) er Vari	OILS	
13	o. USUAL RESIDENCE (Where deceosed	lived, if institution: Residence before	13c. CITY OR TO	OWN 13d. INSIDE CITY LI	MITS? 13e. ST	REET AND NUMBER		3
	mission) STATE Maryland	130. COUNT Kent	Rock I	Hall YES NO		Green La	ne	
14	. FATHER'S NAME First	Middle Lost	15. /	MOTHER'S MAIDEN NAME F		Middle		Lost
L	Winfield H			Millie	Mass			
16	a. WAS DECEASED EVER IN U.S. ARMEE Yes, no, grunknawn) (If yes give war	or dates of service) 226 22 0 E	7/	ORMANT		Address		
L	no	or dates of service) 236 22 95	74 C1	yde Cox R	lock H	all, Md.		
L	18. CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and (c).						IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED &	CAUSE (a) Carcinoma	of righ	nt lung with	metas	tasis to	3-4	months
	1621	DUE TO, OR AS A CONSEQUENCE OF				brain		
	Conditions, if any, which gave rise to immediate cause (o),	(b)						
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF						
	last.	(c)					2017	
	1.7	ITIONS CONTRIBUTING TO DEATH BUT NO			ONDITION GIVE	N IN PART 1(o)		
NO	103 X Status po	st craniotomy and			Tool 1	THE WEST FAIRNINGS	CONCIDENCE IN	CERTIFICATIO
CEPTIENCATION	19a. DATE OF OPERATION 19b. CO	INDITION FOR WHICH OPERATION WAS PE	RECKMED	20a. AUTOPSY?	CALISE	F YES, WERE FINDINGS (S OF DEATH?	ONSIDERED IN C	ERTIFYING
EPTIE	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	101. 11014	YES NO NO			la 10)	
		HOUR A.M. Month Doy Year	ZIC. HOW	/ INJURY OCCURRED (Enter	noture of inju	iry in Pan 1 of Pon 2,	item 10.)	
MEDICAL	(If either, natify medical examiner 21d, INJURY OCCURRED 21e, PI			TION CALLA - DED No.	Cin	- T.	County	State
	While Nat while at work	LACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	211. LOCA	ATION STREET OF K.F.D. NO.	City	ar Town	County	21016
	at work of wark	haspital) attended the decease	d 6	ent. 17 106	A to	Sept 20 10	68 the	4 /IV /\ I
Г	saw the deceased aliv	re an Sept. 20 1	9_ 60 , and	that in (my) (our) oni	nian death	accurred on the di	ate and haur	and from the
	causes stated abave,	(I) (we) (did) (did nat) view thé	bady after de	qth.			210 0110 11001	2110 172111 1110
ŀ	22b. SIGNATURE		101	ATTENDING M	NED.	STAFF 22c.	DATE SIGNED	
L	How	mille	DEGREE	PHYS. L	IRECTOR \Box	PHYS.	9/20/68	
L	22d. PHYSICIAN'S NAME (Type)	I. Winnacott, M. D	1.	22e. ADDRESS	nd C+n	to Woonite	1 . C-1 4	- b W.
L						te Hospita		
23	a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DA	01 .	CEMETERY OR CE	REMATORY netery	Ches	ON (City or Town) tertown,	Md.	(Stote)
-	Burial 19/4	22/1968 Chest	CI CEI			2Sb. REGISTRAR'S		•
24	1. FUNERAL DIRECTOR	Chestert	own.	Md 250. REC'D B	2 4 19		SIGNATURE	Lab.
	/ William	XXXX		DATOE	4 10	OU I	Can March	2000

within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and computerly filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after the state Dept. The state Dept. The priar to burial to be priced by the state Dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital or attending physician. VR A15 (4) 30M REV. 1/68

11361		one porter	.e.,e.,e.e.i	
of still in the section is	Managara and Manag		relical	(N)
	3 100		-pleat	
drineds .	de lawred a disease.		in description	
Some Lot and Later Later	intligent einst	lear Africa	V-10/01/252	
hand seems	List West	2503-77	bin Fracil	7 - 176
			word by all barries	
			10	
anthon d=6 of electrafem Hills Hillson		emosite = 0		
	y and considerly	the verteless.	deca bidade	
the state of the s	ti .aete Laterialia (la	. 13 . Foot		
AND TO THE STATE OF STATE SHARE SENTENCES	1000	CALO O NO		
SEP 2 2 1888 JOHN CHILL	104 7	Series Falls	3.00	

8. MARRIED X NEVER MARRIED

WIDOWED [

13c, CITY OR TOWN

Hebron

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital

give street oddress)
Wicomico Nursing Home

Lost

16b. SOCIAL SECURITY NO.

215-36-2219

Culver, Sr.

2b. HOUR

DECEASED-NAME

(Type or print)

Male

7o. BIRTHPLACE (Stote or foreign

Texas

Salisbury

First

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which gove ;

rise to immediate couse (o),

stoting the underlying cause

21o. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

ot work

(If either, notify medical examiner)

Merri 11

War

10. CITY OR TOWN OF DEATH

odmission) STATE

14. FATHER'S NAME

Yes

Yes, no, or unknown)

3. SEX

country)

MERRILL

4. RACE

USA

13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before

(If yes give war or dates of service)

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)

White

Middle

Gordy

7b. CITIZEN OF WHAT COUNTRY?

CERTIFICATE OF DEATH First Middle Lost

GORDY

CULVER, JR. S. DATE OF BIRTH

May 11, 1895

DIVORCED [7]

Month September 6. AGE (In years

IF UNCER 1 YEAR IF UNDER 24 HRS. HOURS

12b. KIND OF BUSINESS OR

lost birthdov)

9. COUNTY OF DEATH

2o. DATE OF DEATH

WICOMICO 12o. USUAL OCCUPATION (Kind of work done

during most of working life, even if retired.)
Retired Farmer 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER

1S. MOTHER'S MAIDEN NAME First Mary R.D.#1 Middle

Address

Lost Phillips . Ellen.

R. D. #1

Maryland

INDUSTRY

Farming

17. INFORMANT (Wife) Lillian B. Culver, Hebron,

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF

Wicomico

DUE TO, OR AS A CONSEQUENCE OF

21b. TIME OF INJURY

P.M.

HOUR A.M.

PART 2. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20o. AUTOPSY? NO [YES [

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

(AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No.

ATTENDING

PHYS. 22e, ADDRESS

21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)

County

Stote

21d. INJURY OCCURRED While Not while ot work

22a. I certify that (I) (this hospitol)

21e. PLACE OF INJURY

the deceosed from

Month Dov

.1960, and that in (my) (our) opinian death occurred on the date and haur and from the causes tated obove. (D (we) (did) did not view the bady after death.

DEGREE

STAFF PHYS.

City or Town

22c. DATE SIGNED September

211 Maryland Avenue, Salisbury, Maryland

23o. BURIAL, CREMATION

E. M. Beardsley

23c. NAME OF CEMETERY OR CREMATORY

Sept. 11,1968 Wicomico Memorial Park

23d. LOCATION (City or Town)

(County)

Salisbury, Wicomico, Maryland

REMOVAL (Specify) 24. FUNERAL DIRECTOR

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 13 1968

MED. DIRECTOR

сагроп remove low requires that the death certificate be pleose puo buriol-transit O FUNERAL DIRECTOR: After this certificate has been be retained by the hospital or for director,

11357 Carenoma of Mostate Water Journal Withouter Continued to the parties of the part

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13643 CERTIFICATE OF DEATH 2g. DATE OF DEATH 2b. HOUR DECEASED-NAME First Lost scuted within 24 hours after deoth September 23 Doy (Type ar print) 1968 1:20Pm DENSTON HARRISON IF UNDER 24 HRS. 3. SEX 4. RACE 5. DATE OF BIRTH 1F LINDER 1 YEAR 6. AGE (In years lost birthdoy) 1887 Male White April 4. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED corbon popers. ent, within 72 ha Maryland U.S.A. WICOMICO WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind af wark done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) Farming Salisbury 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE
Maryland 13b. COUNTY Pocomoke City YES 103-4th Street orcester Middle 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Lost John Denston Belle Brittingham and in Francis Anna please 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) (If yes give war or dates of service) 217-44-1752 Mrs Ethel Denston, Pocomoke City, Md. cremotion, or removal requires that the death certif the ottending phy sit permit. Then 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Carcinoma of prostate with extensive metastasis 1-2 vrs IMMEDIATE CAUSE (a) (bony and lungs) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave) buriol-tronsit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) os the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO E TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from September 19, 19 68, ta September 39 68, that (4) (we) last saw the deceased alive an September 23 19 68, and that in (my) (aur) apinian death accurred an the date and haur and from the be retained causes stated abave, (M. (we) (did) (AN) wiew the bady after death 22c. DATE SIGNED TENDING MED. DIRECTOR 9/24/68 director, poge 3 should be filed w DEGREE Maryland 22e. ADDRESS PHYSICIAN'S NAME (Type) Deer's Head State Hospital, Salisbury, C. H. Winnacott, M. D. 23c. NAME OF CEMETERY OF XRIMONIDENC 23d. LOCATION (City or Town) 23b. DATE (County) 23a. BURIAL, CREMATION 9-26-1968 Bethany Methodist Pocomoke City-Wor. 2Sb. REGISTRAP SIGNATUR 2Sa. REC'D BY REGISTRAR 1968 Pocomoke City, Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH

Enact of Sell startists a to finance title was unit to anaptically to The standard of the standard o

13632

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301

. LVESTOR SIVEEL	, DALTIMONE, MARTEAND Z	1201	"A 100 0 00
FICATE OF DE	ATH	1	1364

				CLKIIIIC	AIL OF DEAL				200	W. M.
1. DECEASED-NAME	First		Middle	0.145	Lost	2	2a. DATE OF D		v	2b. HOUR
(Type or print)	DAIS	Υ	DEAN	DI	CKINSON		Septen	Month Day	1968	11.19M
3. SEX		4. RACE			S. DATE OF BIRTH			6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN
Fema1e		1	White		April 16,1	885		last birthday) YRS.	MONTHS DAYS	HOURS MIN
7a. BIRTHPLACE (State	ar fareign	7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. 0	COUNTY OF E	DEATH		
Mary lar	nd	US	A	WIDOWED [DIVORCED [WICOM:	ICO		Md
10. CITY OR TOWN OF	DEATH		11. NAME OF HOSPITAL O give street address)	R INSTITUTION (If no				Kind of work done	12b. KIND OF	BUSINESS OR
Salisb			Wicomicó N					fe, even if retired.) necker)	Laund	dry
13o. USUAL RESIDENCE	(Where decease	ed lived, if 13b. CO	institution: Residence bef			E CITY LIMITS?		EET AND NUMBER		
admissian) STATE Me		1	WICOMICO				415	Elizabeti	Stree	
14. FATHER'S NAME	First		iddle La:		MOTHER'S MAIDEN NA			Middle	Throat I	Lost
	John			kinson		Esth		Jane	John	
16a. WAS DECEASED EV Yes, na, ar unknawn	/ER IN U.S. ARM (If yes give w	ED FORCES? or or dates of se	price)		FORMANT (Nied			R.D. 4AddressSr		
Yes, na, ar unknawn NO			217-10-		s. Margare	t G.	Smitr	i, Salisbi		ryland IMATE INTERVAL
18. CAUSE OF D	EATH (Enter and TH WAS CAUSED	y ane cause	per line for (a), (b), go	(c).)	10,	1	,			DNSET AND DEATH
1/22		TE CAUSE (c	a) cerell	Mel	Hours	2/10	ni		14/1	100,
400	7	DUE T	O, OR AS A CONSEQUENCE	OF A	na +		0.1	,	9	
Conditions, if any		(b) gener	ally	el and	NO) Jels	non	00	12.
stoting the und		DUE T	O, OR 🏂 A CONSEQUENCE	OF O				The state of	/	
last.)		(c)							
PART 2. OTHER S	IGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BU	JT NOT RELATED TO	THE TERMINAL DISEAS	E OR COND	DITION GIVEN	IN PART I(o)		
* 332V	(10.00			
190. DATE OF OPER	RATION 19b.	ONDITION	OR WHICH OPERATION WA	IS PERFORMED	20a. AUTOPSY?			YES, WERE FINDINGS (OF DEATH?	ONSIDERED IN C	ERTIFYING
RTIE						10 🗆				
		- (2101	TIME OF INJURY R.A.M. Manth Day Y		W INJURY OCCURRED	(Enter nat	iture of injury	in Part 1 or Part 2,	Item 18.)	
OR CONTRIBUTING (If either, notify	medical examin	er)	P.M.	19						
ZIU. INJUNI OCC	URRED 21e.	PLACE OF II	NJURY (AT HOME, FARM, STREE	T, FACTORY,) 21f. LO	CATION Street or R.F.	D. Na.	City o	or Town	County	Stote
While Not w	ork			-1				1		
22o. I certify	thot (I) (thi	s hospito	d) attended the deci	eosed from	9	19606	a, to	126 ,69	, tho	t (I) (we) lost
causes s	nted oboye	ive on_ , (I) (we)	did) (did not) yiew	onc	i thot in (my) (our eoth.) opinio	on deoth of	curred on the de	ote ond hour	ond from the
226. SIDMATURO	11///	10	on like	3 DEGR	ATTENDING PHYS.	MED.	CTOP [STAFF C	DATE SIGNED	27/1968
22d BHYSIGHN'S	and a	10	myr	/	22e. ADDRESS	DINEC	CTOK —	11113. — [0 1	- Compen	11100
SHAWE (Type	Dr. E	. M.	Beards ley		211 Mar	y1an	nd Ave.	, Salisb	ury, Mai	ry land
23a. BURIAL, CREMATIO	ON, 23b. I)ATE	23c. NAME	OF CEMETERY OR				(City or Town)	(County)	(State)
BUT 1 a l	,	pt. 28	,1968 Pars	ons Ceme	terv	S	Salish	ury.Wicom		v1and
24. FUNERAL DIRECTO			ADD		2Sa. R	EC'D BY RI	EGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	
HOLLOWA	Y & COM	PANY,	SALISBURY,	MARYLAN	D DATE	OCT	1 19	68 galie	wells In	ulge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further transfer to specificate has been signed by the attending physician and completely filled in by the further to page 3 should be detached for use as the burial-transit permit. Then please to page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

VR A15 4 30M REV. 1268

within 24 hours ofter death.

executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by

Poge 4 may be retained by the hospitol or ottending physicion.

A TOTAL SECTION AND AND AND AND ADDRESS OF THE PARTY OF T

ons 2 with the State Depart

ive Pages I

This certificate shauld be executed within 24 hours after death

DICAL EXAMINER:

TO DEPUTY

13633

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	3	6	4	5
marking.	~	1	El.	

MEDICAL EXAMINER'S CERTIFICATE OF DEATH		
1. DECEASED NAME First Middle Lost 2	o. DATE KNOWN Month D	ay Year 2b. HOUR
(Type or Print) KING S. DRUMMOND	OF ESTI- DEATH MATED 7-8-	-68 19 3P
	c. DATE PRONOUNCED DEAD	2d. HOUR
M AA 6-30-93 lest bientiday) MONTHS DAYS HOURS MIN.	Manth Q Day 8	4 / 0
183	, ,	reologo 3 Pa
	TY OF DEATH	
country) VO. 1.5.4. WIDOWED DIVORCED	Wicomico	M
	IPATION (Kind of work done 12	2b. KIND OF BUSINESS OR
Salisbury / give street oddress) Peninsula General during host of	vorking life, even if retired.)	IDUSTIY
	3e. STREET AND NUMBER	Idilli
admission) STATE Md. J3b. COUNTY Somerset Princess Anyso No	Route 2, Box	v 261
		7 201
14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First	Middle	> Last
George Lyummond Sara	h	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 M FORMANT, 1	ADDRESS	1 011
(Yes, ale, of unknown) (If yes give wor or dates of service) 213-10-3992A Parcillo Doung	and Princes	Anno Mid
	NIA I II KAL	APPROXIMATE INTERVAL
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute congestive neart lai	Llure	hours
4/20 Due to, or as a consequence of		
Conditions, if any, which gave (b) Hypertensive cardio-vascul	lar disease	vears
stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF		
lost.		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	CIVEN IN DADT 1/a)	
442 V	GIVEN IN FAKT I(O)	
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION		20. AUTOPSY?
WAS PERFORMED?		
THE CONTRACTOR OF THE CONTRACT		YES NO 24
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED L21e. PLACE OF INJURY (at home form street) 21d. INJURY OCCURRED L21e. PLACE OF INJURY (at home form street) 21d. INJURY OCCURRED L21e. PLACE OF INJURY (at home form street) 21d. INJURY OCCURRED L21e. PLACE OF INJURY (at home form street) 21d. INJURY OCCURRED L21e. PLACE OF INJURY (at home form street)	of injury in Part 1 or Part 2, Item	18.)
PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19		
- The state of most far none, family shoet,	City or Tawn	County Stote
WHILE NOT WHILE foctory, office building, etc.)		
	e	1
	ection A, Inquiry X,	
death resulted from Natural causes [X], Accident [], Suicide [], Homicide [],	Undetermined manner	
CHIEF MEDICAL EXAMINER		
ACTUAL TO THE TOTAL TOTA	INER 22b. DATE SI	/ 0
SIGNATUREM.D. ASSISTANT MEDICAL EXAM	INER 22b. DATE SI	/ 0
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAM DEPUTY MEDICAL EXAMINE CLARITY L. ROYER, 100. DEPUTY MEDICAL EXAMINE	R A Sept.	/ 0
ACTUAL SIGNATURE EXAMINE STATI L. Royer, IQD. DEPUTY MEDICAL EXAMINE (Type) O9 Camden Ave., Salisbury, Md. ADDRESS(Street, city, town	R A Sept.	9, 1968
ACTUAL SIGNATURE	R Sept. n, ar county) OCATION (City or Taym)	/ 0
ACTUAL SIGNATURE EXAMINE SCAPE L. Royer, ID. EXAMINE (Type) O9 Camden Ave., Salisbury, Md. ADDRESS (Street, city, town 230- BURIAL, CREMATION, 23b. DATE 23c. NAME OF, CEMETERY OR CREMATORY 23d.	OCATION (City or Town)	9, 1968

Health priar ta burial, cremation, or remaval, and in any event within 72 haurs after death necessary, please execute the certificate, writing the ward "pending" in pencil in Item—18—6, the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 5 may be retained far yaur VR A15ME

1 ... ्रम् वर्षे स्थापन विशेष १ वर्षे . T. Brazins in Landing

nours after death

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

Poge 4 may be retained by the hospital or ottending physician.

event, within 72 h

aften paper

	13634	וכואוט	ON OF VITAL RECORDS,	CERTIFIC			MORL, MAR	- TLAND 21201	1364	16	
	ECEASED-NAME	First	Middle		last		2a. DATE OF				2b. HOUR
(1	(ype ar print)	esse		E	ason		9	Month Da	68 Year		1:15
3. SE	X	4. RA	E		S. DATE OF B	IRTH		6. AGE (In years	IF UNDER 1 YEA		UNDER 24 HRS.
	Male		Colored		8/2	5/1898		last birthday) YRS.	MONTHS DA	AYS H	IOURS MIN.
	BIRTHPLACE (State or for	reign 7b. CITIZ	EN OF WHAT COUNTRY?	B. MARRIED WIDOWED		RRIED RCED	9. COUNTY OF Wicol				N
	Salisbury	1	11. NAME OF HOSPITAL OR IN give street address lead		t in hospital Hosp	during me		(Kind of work dane life, even if retired.)	12b. KIND INDUSTR'		SINESS OR
			if institution: Residence before OUNTY Wicomico	13c. CITY OR Salis		YES NO	1779	REET AND NUMBER binson St			
14. F	FATHER'S NAME Fil	12.1	Middle Last			AIDEN NAME F	Eliza		EAS	ON	Last
	WAS DECEASED EVER II es, na, ar unknawn)	N U.S. ARMED FORCE (If yes give war or dates a		NO. 17. II	IFORMANT DO	ROTh-	1 Woo	Address 115	Dike	MAN	URY, Co
	Canditions, if any, where the immediate costating the underlying last.	ich gave ouse (a), (a) DUE	(a) Broncho P TO, OR AS A CONSEQUENCE OF (b) TO, OR AS A CONSEQUENCE OF (c) CONTRIBUTING TO DEATH BUT N					J IN DADT 1/a)	3 1	wee)	cs
-			oral Thrombosi		THE TERMINA	IL DISEASE OK	ONDITION GIVE	IN PART I(0)			
MEDICAL CERTIFICATION	19a. DATE OF OPERATIO		N FOR WHICH OPERATION WAS PE		20a. AUT			YES, WERE FINDINGS OF DEATH?	CONSIDERED 1	N CERT	TFYING
DICAL CER	21a. ACCIDENT WAS U ☐ OR CONTRIBUTING ☐ C (If either, natify medi	AUSE OF DEATH HC	o. TIME OF INJURY UR A.M. Manth Day Year P.M. 3	9	W INJURY O	CURRED (Enter	r nature af injur	y in Part 1 ar Part 2,	Item 1B.)		
ME	21d. INJURY OCCURRE While Nat while at wark	_	INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		1,35	et ar R.F.D. Na.		ar Tawn	Caunty		State
	220. I certify the saw the dec causes state	t (I) (this haspi eased plive on dabove (I) (w	tal) attended the deceases (a) (did) (did nat) view the	ed fram_M 1968 and bady after o	arch 2 I that in (n leath.	7 , 19 <u>(</u> ny) (aur) opi	58_, ta <u>S</u> nion death d	accurred an the d	ate and ha	ur an) (we) la d fram th
	22b. SIGNATURE	V lua	ldur	DEGR	11113.		MED.	STAFF PHYS.	9/14/	68	
	22d. PHYSICIAN'S NAME (Type)	L. V. Ma	ldve, M. D.		Dee AD	r's Me:	ad Stat	e Hosp., S	Salisb	ury	. Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and director, page 3 should be detached far use as the burial-transit permit. Then please resolved be filed with the State Dept. af Health prior to burial, cremotian, or removal, and in an VR A15 (4) 30M REV. 1/68

23a. BURIAL, CREMATION, REMOVAL (Specify)
24. FUNERAL DIRECTOR
LOCATION PORTOR B. Jolley

23b. DATE 9-18

68

Jersey ROSALS bur

23C. NAME OF CEMETERY OR CREMATORY

SREEN ACRES

23d. LOCATION (City or Town) SA 1.5 by Ry buRy

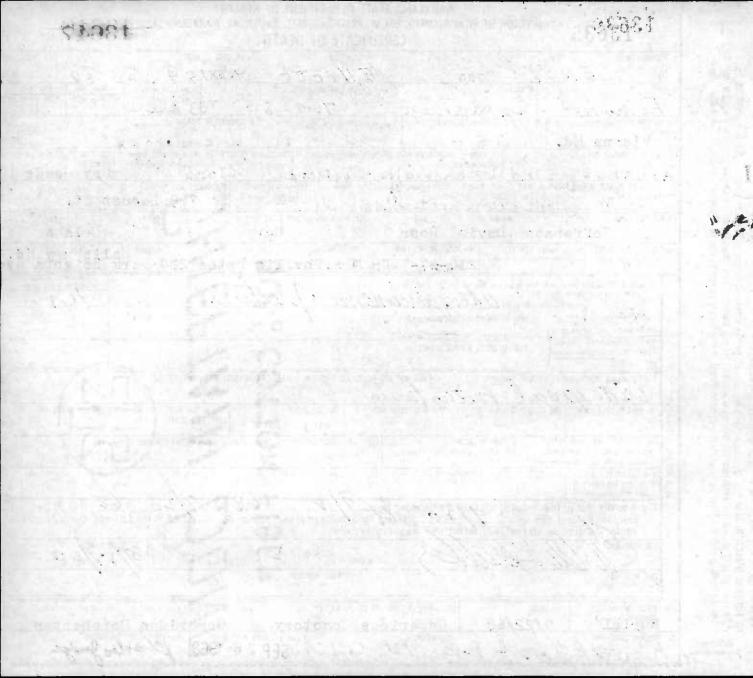
(County) (State)

25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR

1968

Marie and the control of the control AND THE PROPERTY OF THE PROPER

30M REV.



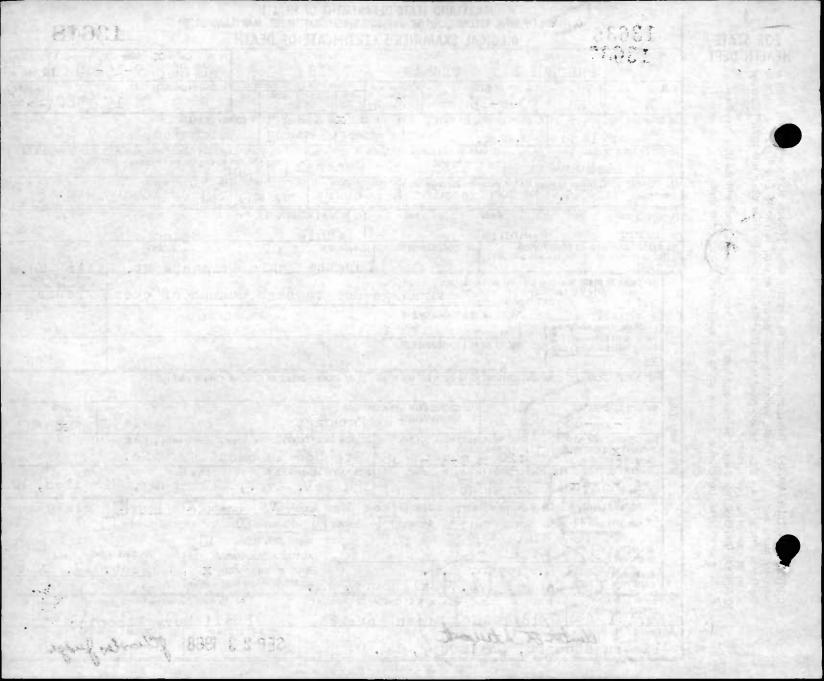
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	0	0	46	0
	. 4	*	4	\sim
		3 2	the same	

DEPUR. DICAL EXAMINER: This certificate should be executed within 24 hours ofter death any deloy is	AI	()		FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File page with the State Dependent of ALIS	E PT
UE:	AL	I I		7	rı
) y	3 +	Sag		nt o	
delo	pu	6		Bue	
'n	2,0	B	PV	催	
	_	E	-	Dei	
-	ges	5		ate	
eat	8	vith.		e St	
9	ive	19		#	_
oft	8. G	olor		±×	eati
Urs		ce		d2	D 1
5	Iten	0#		ou	6
24	.⊆	SIL		-)
thin	ncil	nin		1	100
3	be l	XO	1	2	2
ted		10		=	thin
ecu	ding	edic		етп	3
e e	Den	f M		sit p	ent
l be	-	Chie		ron	/ ev
onlo	VOF	he (1-10	00
sh	Je v	0 1		bur	.=
ate	4 6	pe 1		0	and
tific	i.	orde		0 P	lo,
cer	3	MJC		use	mov
his	ate,	e		pe	re
-	ŧξ	q p		plu	0,
KER	cer	hou	les.	sho	tion
W	the	4 5	Jr f	e 3	me
X	ute	ige	You	Pog	E.
AL	xec	P.	far	OR:	riol
550	Se e	ctor	ned	ECT	20
	leo	dire	etoil	PR	r to
E	y, p	2	e re	AL	prio
P	SSOF	une	d yr	NER.	+
0 0	nece	he t	5 may be retoined far your files.	F	Health prior to buriol, cremation, or removal, and in ony event within to bourter death.

VR A15ME (5) 10M REV. 1/68

		Value of the second	MILDICA	IF EVAMILIATIVE	2 CEIVIII	ICAIL	OI DE	A111				
	CEASED-NAME	First		Middle		Last	- 3	513	20. DATE KNOWN	Month		2b. HOUR
(1	ype ar Print)	FREDE	RICK	THOMAS	EN	NIS			OF ESTI-	9-1	5-6819	12:40
3. SE	Χ	4. RACE	5. DATE OF BIRTI	6. AGE (II		DER 1 YEAR	IF UNDER		2c. DATE PRONOUNCED	DEAD		2d. HOUR
	M	AA	3-6-15	lock burt	YRS. MONTHS	DAYS	HOURS	MIN.	Month 9	Day]	.5 Year 168	12:40
	BIRTHPLACE (Stote	e ar fareign	7b. CITIZEN OF WHA	COUNTRY? 8.	MARRIED Z	NEVER MAI	RRIED 🗌	9. COU	NTY OF DEATH	3		
caun	Mary Mary	land	U.S.A.		WIDOWED [] DIVO	RCED		Wicomico			M
10. C	ITY OR TOWN OF	DEATH		NE OF HOSPITAL OR INST					CUPATION (Kind of work		12b. KIND OF BU	ISINESS OR
	Sali	sbury	give str	eet adder insu	la Ger	eral	auring	a DO	f warking life, even if re P	erirea.)	INDUSTRY	
130.	USUAL RESIDENT Imission) STATE	CE (Where deceo	sed lived, if institution 13b. COUNTY W	on: Residence befare 13	alisbu		d. INSIDE CITY		13e. STREET AND NUMBER 144 Dels		e Ave.	
14. F.	ATHER'S NAME	First	Middle	Last	15. MO	THER'S MAI	DEN NAME	First	Midd	lle	Lo	ist
	Harry		Ennis		Ja	nnie			Beach			
16a. \	WAS DECEASED EV	ER IN U.S. ARMED		6b. SOCIAL SECURITY NO.	17. INFOR				ADDRESS			
(4	es, na, ar unknow	(If yes give	war or dates of service)		Lore	tta	Enni	ST	elaware S	it.	Selie	Md
	IB. CAUSE OF	DEATH (Enter on	ly one couse per line	far (o), (b), ond (c).)							APPROXIMAT BETWEEN ONSI	
	PART I. D	FATH WAS CAUSE	D BY: ATE CAUSE (o)	Hemorrha	ge duc	to	stab) WC	ounds of	ches	hou	
14	4.66	X		S A CONSEQUENCE OF	M-M D	100	150	- 1				
		ny, which gove										
12-11		iate couse (o), l derlying cause		S A CONSEQUENCE OF								
	lost.		(6)									
	PART 2. OTHER S	SIGNIFICANT COND	ITIONS CONTRIBUTIN	G TO DEATH BUT NOT RI	LATED TO THE	TERMINAL D	ISEASE OR (CONDITIO	N GIVEN IN PART 1(a)			
7	982x											
ATIOI	19o. DATE OF O	PERATION		9b. CONDITION FOR WHI						113	20. AUTOP:	SY?
CERTIFICATION	9-1	5-68		WAS PERFORMED?	Hemori	chage	3				YES 🔀	NO 🗌
CER	210. EXTERNAL			JURY Month, Doy, Yeor	21c. HOW	INJURY OC	CURRED (Er	nter natu	re of injury in Part 1 ar	Port 2, II	tem 18.)	
MEDICAL	CAUSE OF DEAT	R CONTRIBUTING [15: 20 PM	9-15-196	8 Sta	abbed	l in	che	est by wi:	fe.		
MEL	21d. INJURY OCC	CURRED 21e.	PLACE OF INJURY (At	home, farm, street,	21f. LOCA	TION Street			City or Town		County	Stote
	AT WORK AT	T WHILE TO	otory, office building,	ne ne	144	Del.	AVe	Э.,	Salisbur	y, I	<i>l</i> icomic	0, M
	22a. 1	certify that J	ak charge of the	remains described	above, held	an Auta	psy X,	Ins	spection K, Inq	uiry K	, and in r	my apinio
	deoth re	sulted frago.	Natural cause	Accident	, Suicio	le 🗍,	Homicio	le X	Undetermined n	nonner		
		1	0 \		7	CHII	EF MEDICAL	EXAMIN	ER 🗍		TO ME	
	ACTUAL SIGNATURE	100	1 1	~~		MD ASS	ISTANT MED	ICAL EXA	MINER 2	2b. DATE	SIGNED	
		Earl L	. Royer	, A.D.		-111110-1	UTY MEDICA	AL EXAMI	NER 🔀	Sep	t. 17,	1968
	NAME (Type)			e., Salis	bury,	Mdapo	RESS(Street	t, city, ta	wn, ar caunty)			100
230.	BURIAL, CREMA	TION, 23b.	DATE	23c. NAME OF CE		MATORY		23d.	LOCATION (City or Town	n)	(Caunty)	(Stote)
	REMOVAL (Speci		/18/1968	Green	Acres	S		S	alisbury	Win	omico	Md
24.	FUNERAL DIRECT	OR Minton	F. Steu				2So. REC'I	D BY RE	GISTRAR 25b. REG	STRARS	SIGNATURE	1100
(7 inton	0 4	200	i alamar M	.3		- 3F	7.	3 1968 00	cean	Par Ouda	



13637

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301-W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13649

	2000			CERTIFIC	AIE OF	DEATH						
	ECEASED-NAME First		Middle		Last		2o. DATE O				2b. H	HOUR
(Type ar print) GEOI	RGE	MORGAN	(-	FILKE	20	Se.01	em ber	Day	Year	34	100
3. S	EX	4. RACE			5. DATE OF BIR	TH		6. AGE (In veors		UNDER 1 YEAR	IF UNDER	
	MALE	W	nite		May 12	, 1912		last birthday)	rs. Mon	NTHS DAYS	HOURS	MIN.
	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARK	RIED	9. COUNTY O	F DEATH				
(00	New York	USA		WIDOWED	DIVOR	CED 🗌			Wi	comi	co	М
10.	CITY OR TOWN OF DEATH Salisbury		AME OF HOSPITAL OR IN: street address ninsula					N (Kind of work do a life, exen if retire ps Carper		12b. KIND OF Industry	BUSINESS	OR
	. USUAL RESIDENCE (Where deceo nission) STATE Marylan	13h COUNTY	tian: Residence befare	13c. CITY OR Salis		3d. INSIDE CITY U	. —	TREET AND NUMBER		Driv	e	
14.	FATHER'S NAME First	Middle	Last	19	. MOTHER'S MA	IDEN NAME F	First	Middle	•		Last	
	George	Henry	Filkin			Gladys	3				mpso	
160	. WAS DECEASED EVER IN U.S. AR	AED FORCES? var or dates of service)	16b. SOCIAL SECURITY 220-10-8	.00	NFORMANT (s 111			ne
	Yes, na, or unknown) (If yes give to NO		220-10-0	TJJ Mr	s. Glad	ys Fil	kins,	Salisbur	1, M		nd MATE INTERV	01
В	18. CAUSE OF DEATH (Enter or		ine far (o), (b), ond (c).	.),	0					BETWEEN C	MATE INTERV	VAL DEATH
ш	PART 1. DEATH WAS CAUSE IMMEDI	ATE CAUSE (a)	Hoda	leins		Sease				2	480	RLL
	201X		AS A CONSEQUENCE OF								1	
	Canditians, if onγ, which gave rise to immediate cause (a),	(b)							7.5			
	stating the underlying couse	DUE TO, OR	AS A CONSEQUENCE OF									
	last.	(c)										
	PART 2. OTHER SIGNIFICANT CO	ADITIONS CONTRIBE	JIING TO DEATH BUT N	OI RELATED I) THE TERMINAL	DISEASE OK	LUNDITION GIV	EN IN PAKT I(0)				
NOI	19a, DATE OF OPERATION 19b.	CONDITION FOR WI	HICH OPERATION WAS PE	DEODMED	20a. AUTOF	cv2	206	F YES, WERE FINDIN	GS CONS	IDEPED IN C	EDTIEVING	
CERTIFICATION	17d. DATE OF OPERATION 17D.	CONDITION FOR 111	HELL OF EXAMON MASTE	.KI OKMLD	YES 🗆	NO 🗷	CALIST	S OF DEATH?	05 (0115)	IDERED III C	LICIN TING	
CERTI	21g. ACCIDENT WAS UNDERLYI	IG 21b. TIME O	F INILIRY	[21c H		-	-	ury in Part 1 or Par	t 2 Item	18)		
ਤ	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	Manth Day Year		or moon occ	DARLED (EITIO		or, m. com 1 or co	. 2,	,		
MEDICAL	(If either, notify medical examination 21d. INJURY OCCURRED 21e		AT HOME, FARM, STREET, FA		CATION Street	ar R.F.D. No	. Cit	y ar Tawn	(County	S	tate
	While Not while at wark		OFFICE BUILDING, ETC.	/				J. P. V.				
П	22a. I certify that (I) (#	is hospital) att	ended the deceas	ed_from_/	Murch	. 196	27, ta_	20+7	196	Z, that	(1) (39	€) la:
П	saw the deceased of	live an	n+ 6	1900, an	d that in (my	/) (***) api	inian death	accurred an th	e date	and hour	and fro	m th
1	causes stated abav	e, (I) (ves) (did)	(did not) view the									
	22b. SIGNATURE	as C	. Hel	DEG	REE PHYS.		MED. DIRECTOR	STAFF PHYS.	Sep	E SIGNED	1968	8
	22d. PHYSICIAN'S NAME (Type) Dr.	Thomas C	. Hill, Jr		P ADDI	e Bl	If R	d-Sal	1500	irg,	Md	,
23a	BURIAL, CREMATION, 23b. REMOVAL (Specify)		23c. NAME OF					ION (City ar Tawn)	,	Caunity)	(State	
	Burial Se	ot. 10,19	968 Wicomic	o Memo	rial Pa	rk		bury, Wic			ryla	ind
24.	FUNERAL DIRECTOR HOLLOWAY & CO	ADANV C	ADDRESS		ND	DATSEP	Y REGISTRAR	68 2Sb. REGIST	AR'S SIG		Len	
	HOLLOWAT & CO	II MINT, 3/	TETODOKI,	MANT LA	NU	DATULE	70 10	1	70	A June	-	

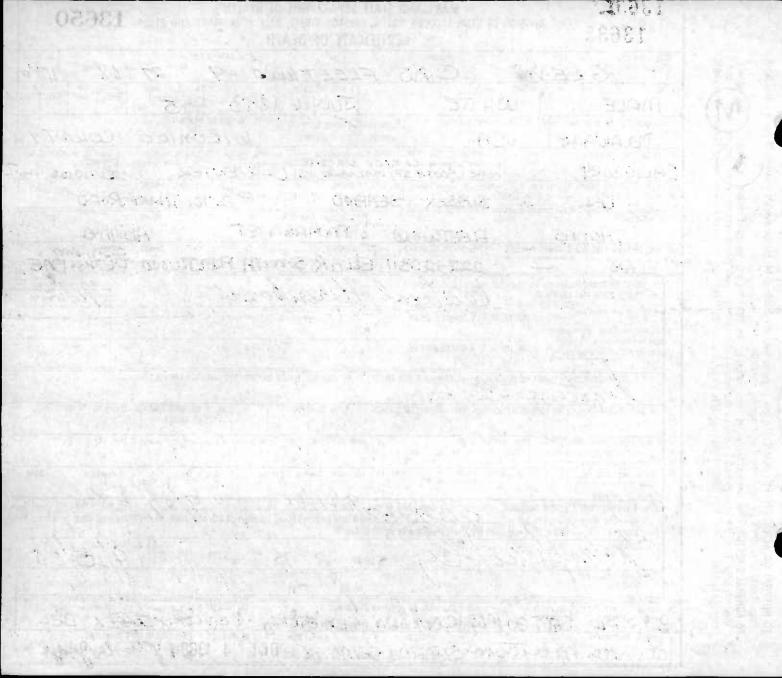
uneral 1 ond 2 executed within 24 hours ofter death. Poge 4 may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove corban poperahould be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 7 icate TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death cert

death.

CLASS COMMUNICATION AND AND ASSESSMENT OF THE SECONDARY A THE RESERVE OF THE PARTY OF T Taring and the Language Language of Language Victoria . . . 선물이 있는 것이 있어요. 지수는 생각 가는 사람이 있다면 가지 않는 것이 되었다면 하나 사람들이 되었다면 하는 사람들이 없는 사람이 없다. The control of a party of the control of the contro the part of the Market State of the Market State of the S

MARYLAND STATE DEPARTMENT OF HEALTH



within 24 hours after death any pacifi in Item 18. Give Pages 1, 2, Rapliner's Office along with form Pages 1 and 2 with the State Depage

permit.

hours after death.

Health priar to burial, crematian, ar remaval, and in any event within 72

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit

5 may be retained far yaur files.

VR A15ME (5) 10M REV. 1/68

delay is and 3 to

55

DICAL EXAMINER: This certificate should be execute

TO DEPUT

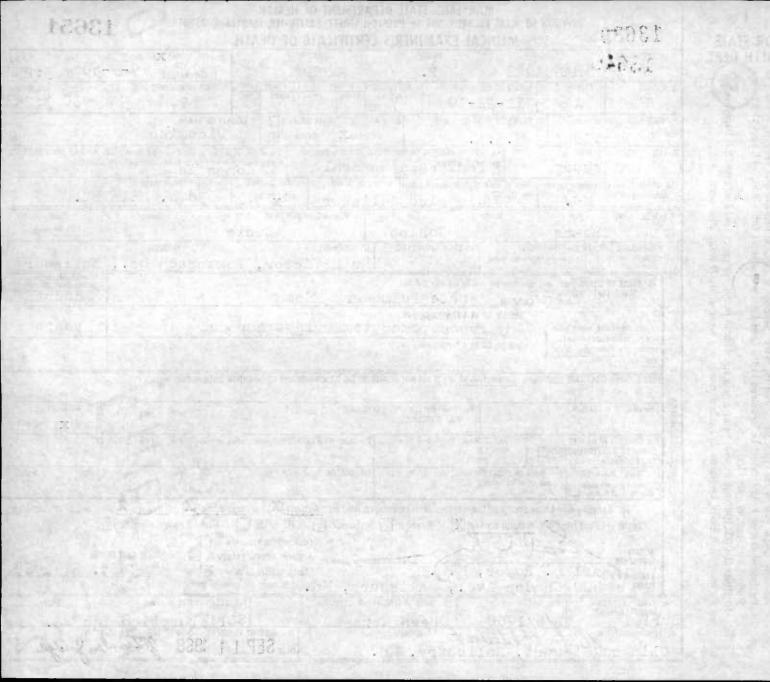
necessary, please execute the certificate, writing the ward pending the funeral director. Page 4 should be farwarded to the Chief Medical

13632

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13651

	19093	1	MEDIC	AL EXAM	INER'S (CERTIFICAT	E OF DE	ATH				
	DECEASED-NAME	First		Middle	e	Last			20. DATE KNOWN	Month D	oy Year	2b. HOUR
	(Type ar Print)	MARGA	RET	P.		GOR:	DY	43	OF ESTI-	9-5	-68 19	3:25M
3. :		4. RACE	5. DATE OF BIE		6. AGE (In years last buthday)	MONTHS DAYS		24 HRS.	2c. DATE PRONOUNCE		V (O	2d. HOURA
	F	AA	11-22	2-10	57 YR		110013	, max.	Manth 9	Day 5	Year 68	B: 25m
	BIRTHPLACE (Stat	e ar foreign 71	. CITIZEN OF WH	IAT COUNTRY?		ARRIED NEVER	MARRIED [ITY OF DEATH			-373
	Man	ryland	U.S.			hand	IVORCED [Wicomico			Md.
2		isbury	give	rendrith u	ala Ge		lol 12a. U during	most of a	UPATION (Kind of wo working life, even if IESTIC	retired.)	P.b. KIND OF BUILDUSTRY	ISINESS OR
		CE (Where decease	d lived, if institu	utian: Residence b	befare 13c. CIT	Y OR TOWN	13d. INSIDE CITY L	LIMITS?	13e. STREET AND NUM	BER	~ .	
	odmissian) STATE	Md.	13b. COUNTY	Vicomio	o Sal	isbury	YES N	10 🗆	638 W.	Main	St.	
14.	FATHER'S NAME	First	Middle		Last	15. MOTHER'S A		First		ddle	la	
		Chomas	E TRY		lee		Sı	udie			Elz	zey
	WAS DECEASED EN Yes, no, or unknow	/ER IN U.S. ARMED FO	RCES? or or dates of service)	16b. SOCIAL SECU	RITY NO.	17. INFORMANT			ADDRE		~ - 1	
		(","				Ruth V	ictor	, Pe	mberton	Dr.,	Salis	
		DEATH (Enter only									APPROXIMAT BETWEEN ONSE	T ANO DEATH
	PAKI I. L	IMMEDIAT	E CAUSE (a)	Acute	Pulmo	nary E	dema				hou	rs
	255	, 2		AS A CONSEQUEN		tomo m	ab + 1	dwa	7 - 7		7700	22.0
	rise to immed	iny, which gave liate cause (a),	(0)		- V	toma r	- Sur F	iure.	IIAL		уеа	11.5
	stating the un	derlying cause	DUE 10, OR	AS A CONSEQUEN	ACE OF							
		/	(c)	NO 70 051711 011	T NOT BELLTE	TO THE TERMINA	District on					
N	224)		IONZ CONTRIBUT			24-27	. DISEASE OR (CONDITION	GIVEN IN PART 1(a)			
CERTIFICATION	190. DATE OF C	PERATION		19b. CONDITION WAS PERFO		PERATION					20. AUTOPS	
RTIFI											YES K] NO 🗌
MEDICAL CE	210. EXTERNAL PRIMARY O CAUSE OF DEAT	R CONTRIBUTING			iy, Year 19	21c. HOW INJURY	OCCURRED (En	iter nature	e of injury in Part 1 c	r Part 2, Item	1 1B.)	
ME	21d. INJURY OC	CURRED 21e. PL		At hame, farm, st	reet,	21f. LOCATION Stre	et or R.F.D. No.	0/42	City or Town	1725	County	State
	AT WORK		ory, office building	ig, erc.)					n had to			
	22a. I	certify that I to	ak charge af t	he remains de	scribed aba	ve, held an A	tapsy X,	Insp	pectian 🛣 , In	quiry X,	and in r	ny apinian
	death re	sulted frage	Natural cau	sen X, Ac	cident [],	Suicide 🔲	, Hamicid	le 🔲,	Undetermined	manner [
		X	DL	K_			HIEF MEDICAL	EXAMINER	. 🗆			
	ACTUAL SIGNATURE	/	7	X		M.D.	ASSISTANT MED	ICAL EXAM	AINER 🔲	22b. DATE SI		==(0
	EXAMINER'S	Earl L.	Royer				DEPUTY MEDICA			Sep	t. 6,	1968
	NAME (Type)			ve., Sa		- 1/	ADDRESS(Street					
	BURIAL, CREMA REMOVAL (Spec			23c. NAM	ME OF CEMETER	RY OR CREMATORY		23d.	LOCATION (City of To	wn) ((County) ((Stote)
	REMOVAL (Spec		3/1968	Gre	en Ac	ress	laca proj		lisbury			1
	FUNERAL DIRECT	Muser	TITU	at	AUUKESS		DATE SE		1 1968	EGISTRAR'S SI		Lap
0	Clinton	a Stewa:	rt, Sa.	lisbury	T, Md.		DATE OF	-1 1	1 1000		200	1-



Pode

ner's Office along with form

necessory, please execute the certificate, writing the word "pending in them 18. Give Pages

DICAL EXAMINER: This certificate should be executed within 24 hours after deat

TO DEPUT

ent of

pages 1 and 2 with the Stat

Health prior to bujel, cremotion, ar removol, and in any event within 72 hours after death

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit per the funeral director. Page 4 should be forwarded to the Chief Med

5 may be retained far your files.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13652

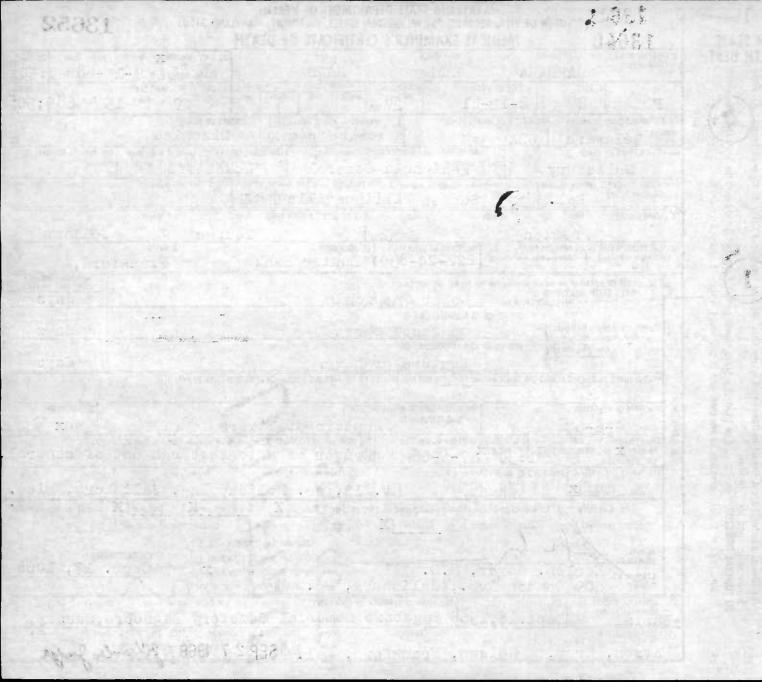
gcharles Jud

Del DATE SEP 2 7 1968

Watson, Gray, & Melson, Frankford,

0.05	U	MEDIC	AL EXAMINE	K 2 CI	CKIILI	CAIL	OL DE	AII		7	
1. DECEASED-NAME (Type or Print)	Firs		Middle			Last			2a. DATE KNOW	Month	Doy Yeor 2b. I
(Type of Film)	BARB	ARA	LEE		HA	ALL			OF ESTI- DEATH MATED	□ 9-1	5-6819 9:5
3. SEX	4. RACE	5. DATE OF BIE		E (In years	IF UNDE		IF UNDER 2		2c. DATE PRONOU	NCED DEAD	2d. I
F	W	8-12-	-41 lost	27 YRS	MONTHS	DAYS	HOURS	MIN.	Manth 9	Doy]	5 Yeor 689;5
7a. BIRTHPLACE (Stot	e or foreign	7b. CITIZEN OF WH	IAT COUNTRY?	8. MA	RRIED N	IEVER MAI	RRIED 🔲	9. COU	NTY OF DEATH		
country) Dela	ware	USA			OWED 🗌		RCED X		Wicomi		
ID. CITY OR TOWN O	F DEATH isbury	11. N give :	AME OF HOSPITAL OR II	nstitution la C	N (If not in Gener	hospital	12o. US during	MOST OF	CUPATION (Kind of	f wark dane n if retired.)	12b. KIND OF BUSINESS (INDUSTRY
130. USUAL RESIDEN admissian) STATE	CE (Where decea	ed lived, if institu 13b. COUNTY	ition: Residence before	13c. CITY	OR TOWN	130			13e. STREET AND	NUMBER	
14. FATHER'S NAME	First	Middle	Lost		IS. MOTH	ER'S MAI	DEN NAME	First	10=100	Middle	Lost
	Prest	on	Ba	anks	10			Lo	uise		Collins
Yes, no or unknow	VER IN U.S. ARMED	FORCES?	16b. SOCIAL SECURITY 1 222-24-8	VO. 1	17. INFORM	ise	Bank		AD	DRESS Frank:	ALL LINE
18. CAUSE OF	DEATH (Enter on	ly one couse per li	ne for (a), (b), ond (c)	.)							APPROXIMATE INTERVA
	SEATUR MIAC CAUCE	DV	Lobar P		noni	0					days
8160	IMMEDI		AS A CONSEQUENCE OF		110214	4		0.00			au, s
Conditions, if	any, which gave		Contuse		nest						days
	liate cause (a), l iderlying couse (DUE TO OR	AS A CONSEQUENCE OF	F	1000						aa, s
last.	identing coose	(c)	Rupture		Liv	er					days
82	SIGNIFICANT COND	ITIONS CONTRIBUT	ING TO DEATH BUT NOT	RELATED	TO THE TEI	RMINAL D	ISEASE OR C	ONDITIO	N GIVEN IN PART I	(a)	
19a. DATE OF C	PERATION		19b. CONDITION FOR A		ERATION						20. AUTOPSY?
9-	-6-68		WAS PERFORMED	? Ri	untu	re c	of li	vei	2		YES X NO
210. EXTERNAL PRIMARY OF DEAT	CALICE MIAC	21b. TIME OF	INJURY Manth, Day, Yeo M. 9-6-689	or 2	Tic. HOW I	NJURY OC	CURRED (Ent	ter natu	re of injury in Port	1 or Port 2, It an out	
21d. INJURY OC	CURRED 21e.	PLACE OF INJURY (At hame, farm, street, g,-etc.)	2	21f. LOCATIO	N Street	or R.F.D. No.		City ar Tawn		County St
AT WORK	OT WHILE TO	ctory, office buildin	g,-etc.)	Rt.	13,	nr.	Hol	ida			sbury, Wic
22a. I	certify that I t	ook chorge of t	he remains describ	ed obov	e, held ar	n Auto	psy X,	Ins	pectian K.	Inquiry 7	ond in my opi
			ses , Accider						Undetermin		
A Part of the	10.	/					F MEDICAL I		_		
ACTUAL SIGNATURE	16	- ~							MINER	22b. DATE	SIGNED
EXAMINER'S NAME (Type)	Earl L		o, M.D. Te., Sali	sbu		DEP	UTY MEDICAL	L EXAM	NER 🔀	Sept	17, 196
23a. BURIAL, CREMA	TION, 23b.	DATE	23c. NAME OF						LOCATION (City or	Town)	(County) (State)
Burial Spec	Se Se	pt.18.1	.968 Dags	bord	o Mer	nori	al C				o, Sussex,
24. FUNERAL DIRECT			ADDR	ESS			2Sq. REC'D	BY REC	SISTRAR 129h	REGISTRAP'S	SIGNATURE DEL.

VR A15ME (5) 10M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

SEART TO SEARCH THE PROPERTY OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13654

100		CEKI	IFICALE OF DEAL	П	
	rst	Middle	Lost	20. DATE OF DEATH	2b. HOUR
(Type or print)	ENE		Hobbs	Sc. PTemb	Doy Yeor 960 235 M
3. SEX	4. RACE		S. DATE OF BIRTH	6 AGE (In ve	OFS IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	White		August 29,		YRS. MONTHS DAYS HOURS MIN.
7o. 8IRTHPLACE (Stote or foreign	76. CITIZEN OF WHAT CO	OUNTRY? 8. MAI	RRIED NEVER MARRIED	9. COUNTY OF DEATH	
country) Maryland	USA		OWED 💢 DIVORCED 🗌	Wicomic	O Md.
10. CITY OR TOWN OF DEATH Salisbury	11. NAME OF	Hospital or institution Isula Gen	ON (If not in hospitol 120. Leral Hospith	USUAL OCCUPATION (Kind of work gampst of working life, even if re Farmer - Pa	
13o. USUAL RESIDENCE (Where deco	1 12h COLINTY		ITY OR TOWN 13d. INSIDE		
Maryla	nd 13b. COUNTY Wic	omico Sai	lisbury YES 🗆	NO □ R.D.4, OC	cean City Road
14. FATHER'S NAME First Samue 1	Middle T•	Hobbs	1S. MOTHER'S MAIDEN NA	ME First Mi Ellen	iddle Lost Maddox
160. WAS DECEASED EVER IN U.S. A		SOCIAL SECURITY NO. 4-10-9056	Mr. A. G. M	nd) itchell, Salisbu	
18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAL IMME Conditions, if ony, which gov rise to immediate couse (o stoting the underlying cous	DIATE CAUSE (o)	ONSEQUENCE OF	dial info	und ion want diseas reoscleroses	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH G day
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART 1(o)	
= 4201					
	Pb. CONDITION FOR WHICH OF	PERATION WAS PERFORME		20b. IF YES, WERE FIN CAUSES OF DEATH?	DINGS CONSIDERED IN CERTIFYING
210. ACCIDENT WAS UNDERL	DEATH HOUR A.M. MO	RY nth Doy Yeor 19	21c. HOW INJURY OCCURRED	(Enter noture of injury in Port 1 or	Port 2, Item 18.)
While Not while of work	OFFICE	BUILDING, ETC.	21f. LOCATION Street or R.F.C		County Stote
sow the deceased	this haspital) attended olive an ove (1) (we) (did) (did	1968	. ond that in (my) Your)	apinion deoth accurred an	the date and hour and from the
226 SIGNATURE	563ul	Islay M		MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED Sept. 1, 1968
22d. PHYSICIAN'S NAME (Type)	John T. Bul	keley	22e. ADDRESS S. Sali	sbury Blvd., Sal	lisbury, Maryland
REMOVAL (Specify)	b. DATE ept. 4. 1968	23c. NAME OF CEMETE	RY OR CREMATORY Memorial Park	23d. LOCATION (City or Tow Salisbury, W	vn) (County) (Stote) i comi co, Maryland
24. FUNERAL DIRECTOR		ADDRESS	25o. RE	C'D BY REGISTRAR 2Sb. REG	ISTRAR'S SIGNATURE
HOLLOWAY & CO	MPANY, SALIS	BURY, MARY	LAND DATS	EP 4 1968 /	lianles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filler director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon-pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within VR A15 (4) 30M REV. 1 68

nours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Poge 4 may be retained by the hospital or attending physician.

12 20 1 15 3 ACRES OF THE PROPERTY OF THE P CHARLES AND REAL PROPERTY OF THE PARTY OF TH

PRINCESS ANNE. MD.

DATE

within 24 hours after death carbon remove pledse requires that the death certifical buriol-transit signed by os the has been Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate Por detached should director,

30M REV

24. FUNERAL DIRECTOR

WILSON

THE RESERVE TO THE RANGE T, 1892 WE THE

CONTROL OF THE PARTY OF THE PAR

Trong Ladiebon with Loss street.

THE RESERVE TO SERVE formula (a lense) a contract limitate contract

in process and definition of the state of th

to the range of the figure at the second of a clay of the contract of the second of the

Control of the contro

A TELLED TO THE STATE OF THE ST Toents Home down . W. H. Lington . W. H. Home Home Home State and Lington.

THE STATE OF THE STATE OF THE SEVEN WILLIAM FOR THE SECOND SERVICES STATES OF THE SECOND SERVICES.

ADDRESS

MARYLAND

24. FUNERAL DIRECTOR

HOLLOWAY & COMPANY, SALISBURY,

VR AL 30M REV. 1/68 2233

WELL SHE CHANGE ST

MANAGEMENT WELL STATES OF THE STATES AND ALL THE

VR A15 30M REV.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212013657 CERTIFICATE OF DEATH

	13645		THAL RECORDS,	CERTIFICA	TE OF	DEATH				001,	
	ECEASED-NAME Firs Type or print) JOHN		Middle H	UDELSON	Last		20. DATE OF Septe	Month	Doy	1968	2b. HOUR
3. SI		4. RACE			DATE OF BIE	TH 2,1891		6. AGE (In years lost, birthdoy)		IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 Hks. Hours Min.
7a. I	BIRTHPLACE (State or foreign ntry) Missouri	76. CITIZEN OF WHA		8. MARRIED WIDOWED	DIVOR	IED 9.	WICOM				Mc
S	CITY OR TOWN OF DEATH	Die	AE OF HOSPITAL OR IN	State Ho	spita	1 during mas	pent		ed.)	12b. KIND OF INDUSTRY Carpe	
130. odni	USUAL RESIDENCE (Where decedingsion)	ised lived, if institution 13b (COM1)	n: Residence befare	Salisbu	and the second	3d. INSIDE CITY LIMI YES NO [REET AND NUMBER		on Str	eet
14. [FATHER'S NAME First David	Middle	Hudelso		NOTHER'S MA	IDEN NAME Firs		Midd Novn	le		Last
16a. Y	. WAS DECEASED EVER IN U.S. AR	MED FORCES? war ar dates of service)	ORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT OcearAddres to Mr.L.T.Marshall Salisbury					ity	5M TZ		
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary thrombo									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) Conditions, if any, which gove) Conditions, if any, which gove)									Years	
	rise to immediate cause (o), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF (c)										
N	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Chronic emphysema										
CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION FOR WHIC	HICH OPERATION WAS PERFORMED 20a. AUTOPSY YES YES			SY?	CALISES OF DEATHS			ISIDERED IN CE	RTIFYING
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite 3									rm 18.)	
ME	While Nat while OFFICE BUILDING, FTC.										State
	22a. I certify that N) (this haspital) attended the deceased from September 1719 58, to September 1968, that (4) (we) las saw the deceased alive on September 1919 68, and that in (144) (our) opinion death accurred an the date and hour and from the causes stated above, (4) (we) (did) (144) (we) view the bady after death.										
	226. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED PHYS. DIRECTOR PHYS. 9/20/68 MANY 22d.										
		Winnacot				s Head		Hospita	al,		
	BENOVA (Specify) Se	pate 21.1	968 Jeru				. Pa	ON (City ar Town) Brsonsb	urg		(State) Md.
24.	Thomas F.	Vallace	Salisbu	iry, Md.		DATE SEF	REGISTRAR 2 3	1968 REGIST		GNATURE ON	de.

Acquit 1				
· · · · · · · · · · · · · · · · · · ·			3 1879	
		no.inh		92.4
olend8 weze No				
	Total or a second state of the second state of			
	ALC: To Pitte in			
		All		
Out 100 Atomic reference	Tacida, ya			
Carlos (3 Arms minute)	Tracide, se			
Car da Armo eneses i	Tracide, se			

Apren S.

open Pothe funeral open 2 and 2 AZ many after death.

n 24 hours after death.

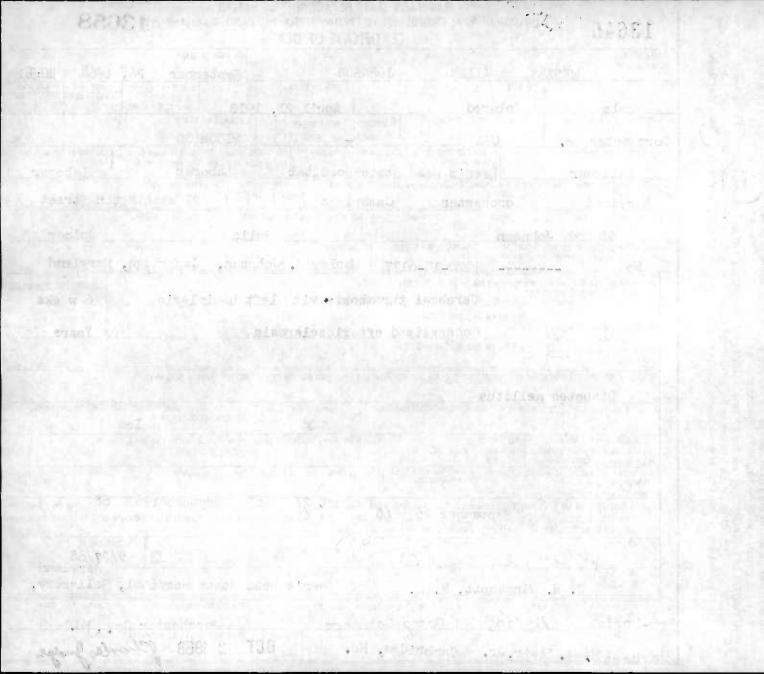
TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed

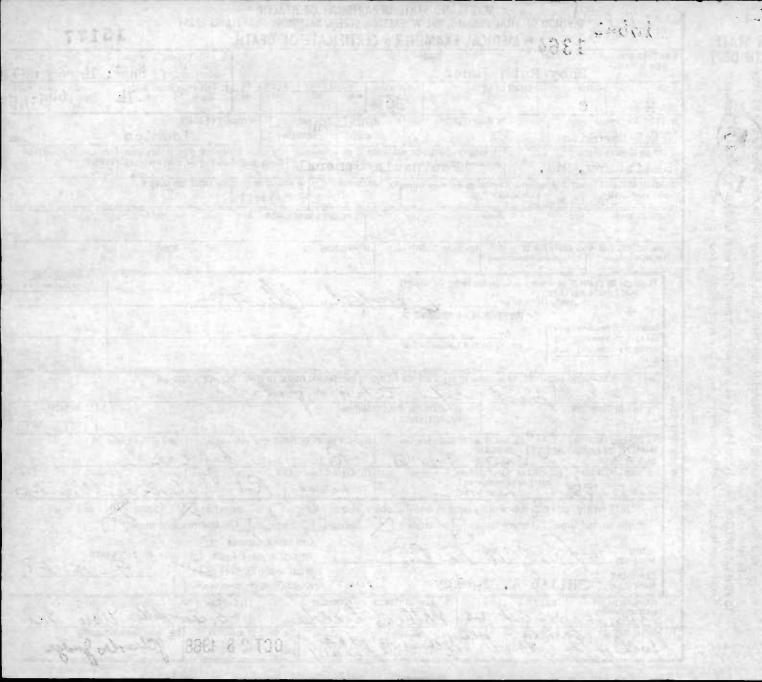
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21203658

1	, -	• .					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	CE	RI	IFI	CATE	OF	DEA	TH

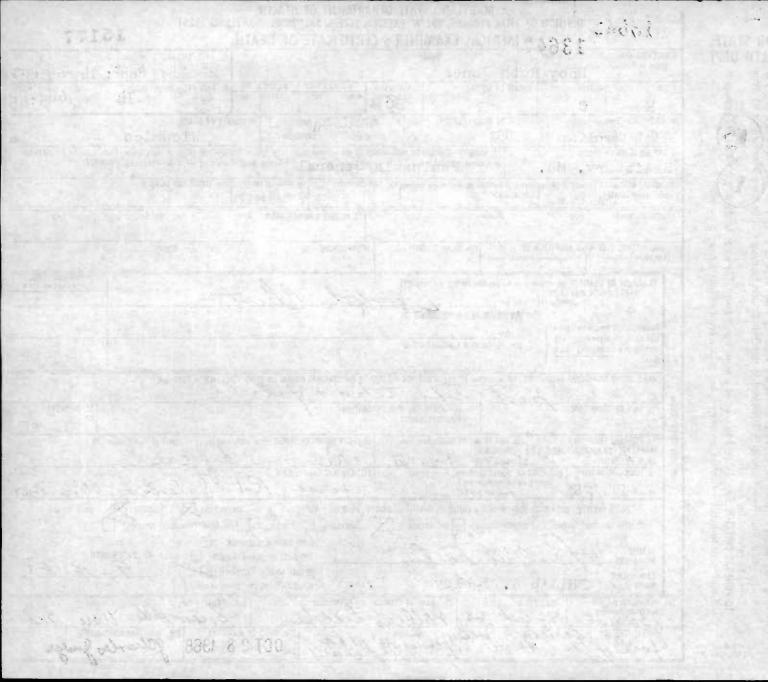
·5P										
R 24 HRS.										
MIN										
٨										
SS OR										
r										
-										
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH										
3										
2										
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 332×Diabetes mellitus										
NG										
Stote										
ot wark at wark 22a. I certify that (A (this haspital) attended the deceased from August 27, 1968, the ptember 2619 68, that (4) (we) las										
saw the deceased glive on September 20 19 00, and that in (Ant) (gur) apinian death accurred an the date and hour and from the										
causes stated abaye, (4) (we) (did) (die not) view the bady after death.										
7,										
lai										
te)										
te)										
30										

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 shauld be detached far use as the burial-transit permit. Then please remove varben shauld be filed with the State Dept. at Health priar ta burial, crematian, or removal, and in any event, with Page 4 may be retained by the haspital ar attending physician. VR A15 30M REV. 16





1		ems 7, 8	DIVISION	OF VITAL R	ARYLAND ECORDS, 301	STATE DEP W. PRESTO	ARTMENT ON STREET, BA	F HEALTH	l Marylai	ND 21201		
FOR STATE		1/7/68	1364				ERTIFICAT			J	15177	
HEALTH DEPT. 1. DECEASED-NAME (Type or Print) Middle Lost									. 20	OF ESTI- Month		
dy is 3 to Page int of	3. S	Baby Ruth Jones								DEATH MATED SEP		
M3 del	3. 3	M	C	3. DAIE OF BI	KIN	lost burtholoy) 50 YR	MONTHS DAY		MIN.	Month 9 Doy 1	Yeor 19 685:45	
-(5)		BIRTHPLACE (Stote of the Car		b. CITIZEN OF WI	HAT COUNTRY?	0.00	OWED D	MARRIED [9. COUNT	Wicomico Md.		
decition of the society of the socie	10. CITY OR TOWN OF DEATH Salisbury, Md. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street The hinsula General during most of working life, even if retired.) 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) INDUSTRY											
SCENT PRODUCTION	130. USUAL RESIDENCE (Where deceosed liyed, if institution: Residence before 13c. CITY OR TOWN odmission) STATE NEW 13b. COUNTY 13c. STREET AND NUMBER 13b. COUNTY 13c. STREET AND NUMBER											
24 hours in Item Ir's Office ss lond rs offer	14. F	ATHER'S NAME	First	Middle	e	Lost	1S. MOTHER'S I	MAIDEN NAME	First	Middle	Lost	
hin ncil ninel poge hou		WAS DECEASED EV es, no, or unknow	ER IN U.S. ARMED FO	ORCES? or or dates of service)	16b. SOCIAL SEC	URITY NO.	17. INFORMANT	Seur.	ZB.	ADDRESS		
ed w in p al Exc al Exc hin 7		1B. CAUSE OF	DEATH (Enter only EATH WAS CAUSED	one couse per l	line for (o), (b),	ons (91)	. 1	011	7	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
be executed "pending" in nief Medical E ansit permit. F event within		8 14 "	IMMEDIAT	E CAUSE (o)	AS A CONSESSED		hed	Chi	to			
"per "per "per "per "per "per "per "per			Oue TO, OR AS A CONSECUENCE OF Conditions, if any, which gave)									
s certificate should be executed wire, writing the word "pending" in performorded to the Chief Medical Exor used os a buriol-transit permit. File emovol, and in any event within 72		rise to immediate couse (o), stoting the underlying couse last.										
orte s g the ed to s a bi		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
is certifico te, writing forwordec e used os removol, o	NOIL	190. DATE OF O	PERATION	harl	19b. CONDITION	FOR WHICH OF	ERATION	Jus	en e	٩	20. AUTOPSY?	
This contracts to the formula be used to the used to t	CERTIFICATION				WAS PERF						YES NO	
INER: This is certificate, should be falles. 3 should be nation, or remaining the should be notion.	MEDICAL CE	PRIMARY OF DEAT	R CONTRIBUTING		INJURY Month, [1968	21c. HOW INJURY		/	of injury in Port 1 or Port 2, 1	(tem 18.)	
bical Examiner: This se execute the certificate, ector. Page 4 should be found for your files. RECTOR: Page 3 should be use buriol, cremation, or ren	MED	21d. INJURY OC	CURRED 21e. Pl	ACE OF INJURY (ory, office building	(At home, form, ng, etc.)		21f. LOCATION Str	eet or R.F.D. No.		Lity or Town Palesbur	County Stote	
ecute ecute Poge or you R: Pag			certify that I to		the remains d	escribed abay	e keld an Au	1		ection \ Inquiry	1	
DEPUTA DICAL EXAM Sessory, please execute the funerol director. Poge 4 may be retained for your FUNERAL DIRECTOR: Page			sulted fram:	Natural cau		ccident 💢		, Hamicid		Undetermined manner		
dir dir Dip		ACTUAL	1	onn	hier	0		CHIEF MEDICAL ASSISTANT MED		NEP 22b. DATI	E SIGNED	
Sory, unerol y be VERAL		SIGNATURE EXAMINER'S	7	year.	-7	D	D	DEPUTY MEDICA	L EXAMINER	9	7-16-68	
necessory, p the funerol 5 moy be r TO FUNERAL Health price	230	NAME (Type) BURIAL, CREMA	Phili	•	nsley		D. OR CREMATORY	ADDRESS(Street		, or county) CATION (City or Town)	(County) (Stote)	
2		REMOVAL (Spec	Tyl 9-		68 P	etters	Field	0	6	Snow fell	Elow, md.	
VR A15ME (5)	24.	Jolle Jolle	John.	Hamil)	olleger	ADDRESS	pt \$2	DAT OC	T 2 8	1968 25b. REGISTRAR'S	SIGNATURE	
N.V	The same of	-					1				U	



FOR STATE HEALTH DEPT.

gn

epartment of Health priar to burial, cremation, ar removal, and in any event within 72 hours after death

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with 5 may be retained far your files.

VR A15ME (5) 10M REV. 1/68

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages

DICAL EXAMINER:

TO DEPUT

the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along

This certificate should be executed within 24 hours after death

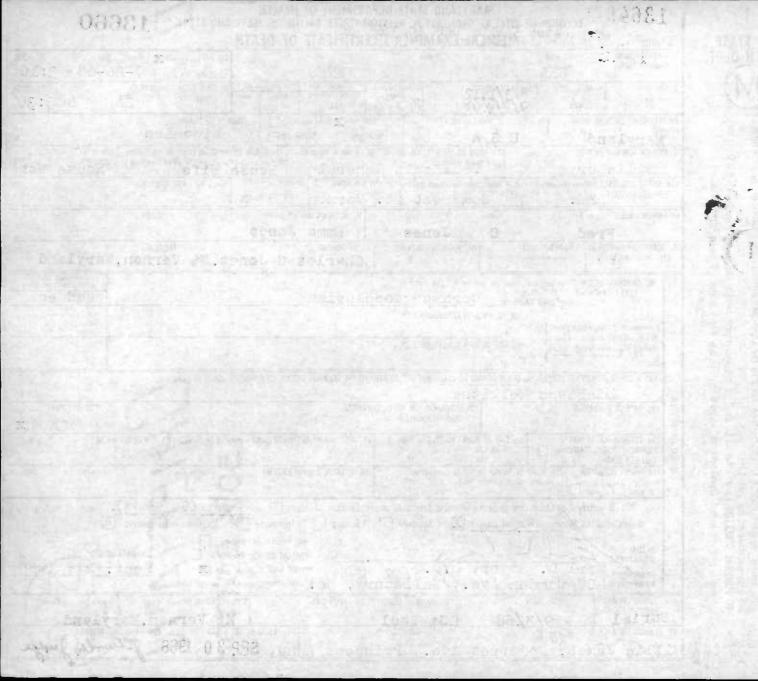
MARYLAND STATE DEPARTMENT OF HEALTH 13648 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13659

1 0	ECEASED-NAME First	Mid	dia	Lost		On DATE KNOWNEET Month	D. V.	Tot HOUR
	Tune or Print)					2a. DATE KNOWN Manth	Day Year	2b. HOUR
П,	ED'	WARD		JONES		DEATH MATED 9-	16-68	3:32m
3. 5	EX 4. RACE	S. DATE OF BIRTH		UNDER 1 YEAR IF UNDER		2c. DATE PRONOUNCED DEAD		2d. HOUR
	Male AA	8-2-19	Jost birthdoy) MON	THS DAYS HOURS	MIN.	Manth 9 Day 16	Yea 68	3:32m
_		7b. CITIZEN OF WHAT COUNTRY?		X NEVER MARRIED	0 000	NTY OF DEATH	17	- m
	atry a	76. CITIZEN OF WHAT COUNTRY!			7. 000	Wicomico		
	Claroma	My 5.H	WIDOWED					Md.
10.	TITY OR TOWN OF DEATH		AL OR INSTITUTION (If		USUALOC	CUPATION (Kind of work dane	12b. KIND OF BU	SINESS OR
-	Salisbury	give Street andress!	ula Gener	ral	g most a	f working life, even if retired.)	INDUSTRY	u,
130.	USUAL RESIDENCE (Where decease	sed lived, if institution: Residence	e before 13c. CITY OR	OWN 13d. INSIDE CITY	LIMITS?	13e. STREET AND NUMBER		
0	dmissian) STATE Md.	13b. COUNTY Wicomi	co Sali:	sbury YES	NO [517 Booth S	t.	
14	CAPUIDO CALANTE COM DE	401.1.01.	lest Isc	MOTUTO'S MAIDEN NAME	CiA	M* 1.0-		
14. 1	ATHER'S NAME First	Middle	Lost 15.	MOTHER'S MAIDEN NAME	First	Middle	La	\$7
	Leroy V	med		lengeno	100			
	WAS DECEASED EYER IN U.S. ARMED I		CURITY NO. 17. IN	FORMANT A		ADDRESS		
()	es, no, ar unkhown) \ (If yes nive	war or dates of service) \$15-12	1972 1	Lectense	2	onle		
	10 CAUCE OF BEATH /Codes on	lu una sussa ann lina fau (a) (b)	and (c))				APPROXIMAT	
	PART I. DEATH WAS CAUSED	ly ane cause per line far (a), (b), D BY:		4.3 O T		1	BETWEEN ONSE	
	IMMEDIA	ATE CAUSE (a) A.C.U.L	e Dilate	tion of H	iear	T	minu'	tes
	4100	DUE TO, OR AS A CONSEQU						
	Conditions, if ony, which gave		ensive o	ardio-vas	scul	ar disease	year	rs
10	rise to immediate cause (a), (stating the underlying couse (DUE TO, OR AS A CONSEQU						
20	last.							
н	DART O OTHER CICALIFICANT COMP	(C)	DUT NOT DELATED TO T	IF TERMINAL DISEASE OR	CONDITIO	NA CINEN IN DARK 1/ 1		
	PART 2. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH I	SUI NOI KELAIED IO II	HE TERMINAL DISEASE OR	CONDITIO	IN GIVEN IN PART I(a)		
NO	793 V							
AT	190. DATE OF OPERATION	196. CONDITIO WAS PERF	N FOR WHICH OPERATION	ON			20. AUTOPS	5Y?
TIE		WAS PEKI	OKMED?				YES IX	NO 🗌
MEDICAL CERTIFICATION	21o. EXTERNAL CAUSE WAS	21b. TIME OF INJURY Month, I	Day, Year 21c. H	OW INJURY OCCURRED (E	nter natu	re of injury in Port 1 or Part 2, It	em 18.)	
B	PRIMARY OR CONTRIBUTING	HOUR A.M.	10					
ED	CAUSE OF DEATH 21d. INJURY OCCURRED 21e.	P.M. PLACE OF INJURY (At home, form,	17 215 16	CATION Street at R.F.D. No		City ar Town	County	State
-		ictary, office building, etc.)	311661, 211. LC	CATION SHEET OF K.I.D. IN	u.	City di Towii	County	Sidie
	AT WORK AT WORK			A 100 34				
	220. I certify that I t	look charge of the remoins d	described obove, he	ld on Autapsy X,	Ins	spection X, Inquiry	ond in r	my opinian
	deoth resulted from:			icide , Homici		Undetermined manner	_	
	2 1	Harorar taosap LAI,	iceidoiii [],					
	ACTUAL /	- /m.		CHIEF MEDICAL			SIGNED	
	SIGNATURE	Y X	\sim	M.D. ASSISTANT MEI		THINK		7068
		Royer, M.D.		DEPUTY MEDIC			t. 16,	7900
	NAME (Type 4.09 Cam	nden Ave., Sa	lisbury,	Md . ADDRESS(Stree	et, city, to	wn, or county)		1
230		DATE 23c. N	AME OF CEMETERY OR	CREMATORY	23d	LOCATION (Cityon, Toyon)	((County),	(Staty)
	REMOVAL (Specify) 9-	-20-68 K	Sivens	Cemo	1	freether	Zelas,	740
24	FUNERAL DIRECTOR		ADDRESS		D BY RE	GISTRAR 256. PEGISTRAR'S	SIGNATURE	
	Booker West F	Juneral Home	Salishu				las Judy	LL.
- 44	JOOTEGT MODULE	MITOT COM TO 110	I CLOSE OF LA PARTY) > YUNINJE	-	0 1000	" n n	

10M REV. 1/68



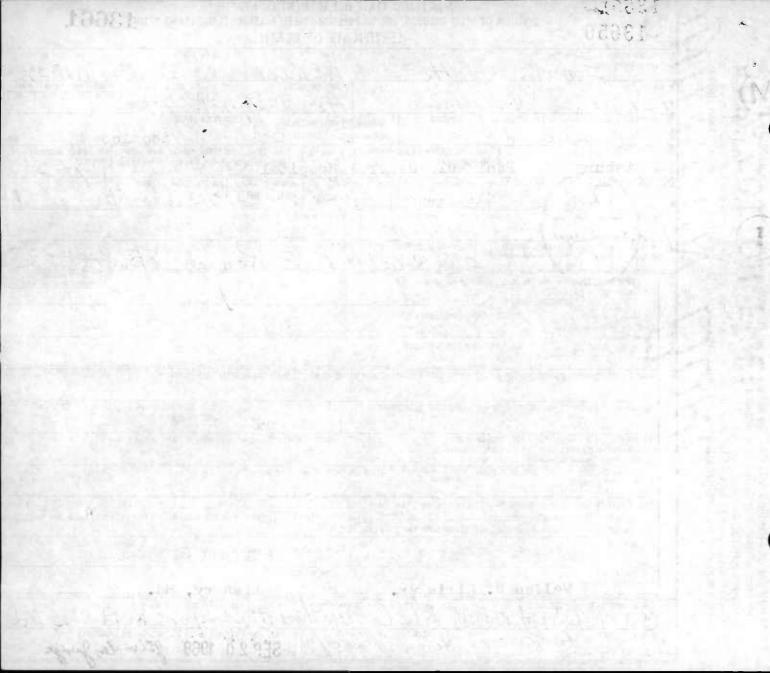
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3661 13650 CERTIFICATE OF DEATH DECEASED-NAME 2a. DATE OF DEATH First Middle 2b. HOUR (Type ar print) Manth TEMBEK 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IE UNDER 1 YEAR IF UNDER 24 HRS. last birthday) MONTHS DAYS HOURS aucasean % COUNTY OF DEATH 7a, BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) carbon papers. DIVORCED [WIDOWED . Wicomico 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR General Hospital most of working life, even if repired.) Salisbury 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before) 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 36-CITY OR TOWN admission) STATE 13b., COUNTY YES remove 14. FATHER'S NAME MOTHER'S MAIDEN NAME First Middle Last please 17. INFORMANT 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (If yes give war or dates of service) Yes, no Joy unknown) the offending physical property of the physical requires that the death certif 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: cremation, ar IMMEDIATE CAUSE (a) signed by the buriol-transit p Canditians, if any, which gave: rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been os the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO YES [21g. ACCIDENT WAS UNDERLYING PHYSICIAN: 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year detoched for the Dept. of F (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State OFFICE BUILDING FTC. While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from 190x . to 19 (and that in (my) (our) opinion deoth accurred on the dote and hour and fram the saw the deceased alive ancauses stated abave, (I) (we) (did) (did nat) view the body after deoth. 22b. SIGNATURE 22c._DATE SIGNED **ATTENDING** STAFF PHYS. DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS directar, po should be f NAME (Type) Wellen Ellis. Salisbury. Md 23a. BURIAL, CREMATION, LOCATION (City or Town) (County) (State

VR A15 (4)

30M REV. 1/68

25b. REGISTRAR'S SIGNATURE

1968



FOR STATE HEALTH DEPT.

2, and 3 to Give Pages 1, 5 may be retained for your files. ng with form DICAL EXAMINER: This certificate should be executed within 24 hours after death Health prior to buriol, cremotion, or removal, and in any event within 72 hours after death. the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office of necessory, please execute the certificate, writing the word "pending" in pencil in Item Tax

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRISTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13651

13662

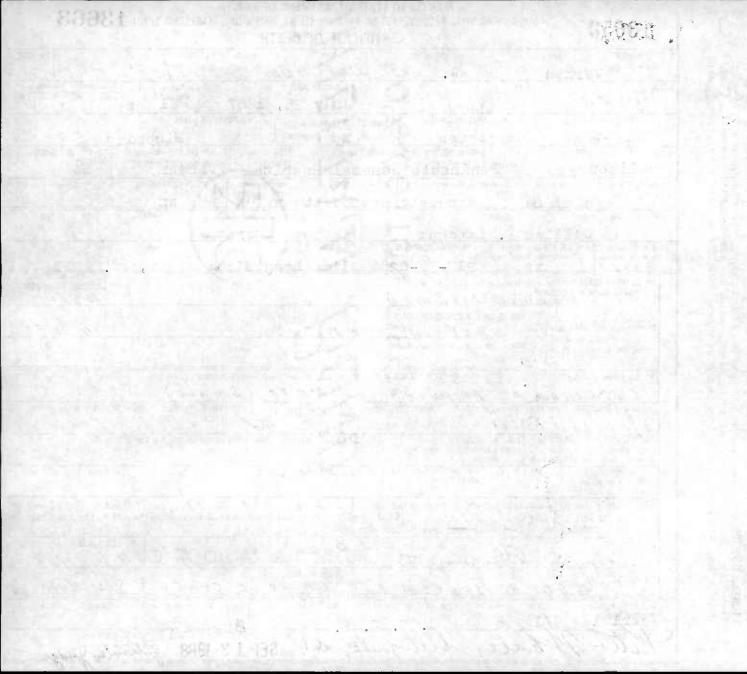
						21111111111					
	ECEASED-NAME Type or Print)	Firs		Middle		Last	dan	U.S.	2a. DATE KNOWN Manth OF ESTI-		2b. HOUR
	5 6		ARLTON	REESE		LANE			DEATH MATED 3/ 23	5 1%bb	9:15 M
3. 5		4. RACE	S. DATE OF BII	RTH 6. AGE	E (in years	MONTHS DAYS	IF UNDER HOURS	24 HRS.	2c. DATE PRONOUNCED DEAD		2d. HOUR
		White	July 1	18,1911 57	hirthday) YRS.	5.		Mur.	September 25	Year 19 68	9:55M
	BIRTHPLACE (Stote		7b. CITIZEN OF WE	HAT COUNTRY? 8	3. MAI	ARRIED K NEVER MAI	RRIED	9,-00	UNTY OF DEATH		
caun	" Maryl		USA	ALLEST			ORCED	1	WICOMICO		Md.
10. (CITY OR TOWN OF		II. N	NAME OF HOSPITAL OR INS	STITUTION	N (If nat in hospital	12a. U		CCUPATION (Kind of work dane		
-	Salis								of warking life, even if retired cus	stodian	Serv.
13a.	USUAL RESIDEN	CE (Where deced	ased lived, if instit	tution: Residence befare			3d. INSIDE CITY		13e. STREET AND NUMBER	THE RESERVE	
-				Wicomico	Sal		YES 🙀 N		829 Cooper Stre	eet	
14. F	ATHER'S NAME	First	Middle		Andy.	15. MOTHER'S MAII			Middle	Last	
		Samue1		Lane				Maude		(unknow	
160. (Y	WAS DECEASED EV		D FORCES?	16b. SOCIAL SECURITY NO		17. INFORMANT (W			ADDRESS829 (
	No.	(11)	Will of dutes of service,		1	Mrs. Beat	rice	E.	Lane, Salisbury,		
	18 CAUSE OF			line far (a), (b), and (c).)				WE		APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
	PAKI I. U	DEATH WAS CAUSE IMMEDI	D BY: DIATE CAUSE (a)	Cerebral	he	morrhag	е	(A)		sudd	
	880	OX	DUE TO, OR	R AS A CONSEQUENCE OF							
		any, which gove diate cause (a),						- 7			3500
	stoting the un	nderlying couse		R AS A CONSEQUENCE OF				7			
13	last.										
		SIGNIFICANT CONF	DITIONS CONTRIBUT	TING TO DEATH BUT NOT F	RELATED	TO THE TERMINAL D	ISEASE OR	CONDITIC	ON GIVEN IN PART 1(a)		HEILI
N	9000			STAKE BELLEVIEW					series in the little	17 - 17	11.12
CERTIFICATION	19a. DATE OF O	PERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?						20. AUTOPSY	(?
RTIFE				WAS PERFORMED?					YES 🔀	NO 🗌	
II CE	210. EXTERNAL (CAUSE WAS OR CONTRIBUTING [F INJURY Manth, Day, Year	2				ure of injury in Part 1 or Part 2, Iter	m 1B.)	
MEDICAL	CAUSE OF DEATE	TH	一月・エクス	1.M. 9-25-68	7				rs at home.		
M	21d. INJURY OCC	CURRED 21e.	. PLACE OF INJURY ((At hame, farm, street,	2	21f. LOCATION Street			City ar Town	County	State
4			foctary, affice building with home						Salisbury, W	ic., M	d.
-	22a. I	certify that I	took charge af t	the remains described	d above	e, held an Auta	psy X,	Ins	spectian X, Inquiry X,	, and in my	y opinion
X	death re	esulted from:	Natural cau	uses [], Accident	X	Suicide	Hamicid				
	D00204	60	. D			CHIF	EF MEDICAL	EXAMIN	NER 🗍		
	SIGNATURE	as.	-		1	M.D. ASSI	ISTANT MED	DICAL EXA	AMINER 22b. DATE ST		1
	EXAMINER'S	Earl	L. Royek	, M. D.		DEPI	PUTY MEDICA	AL EXAMI	INER X Septer	mber 26	/1968
	NAME (Type)			ve., Salisbu					own, or county)		
23a.	BURIAL, CREMAT	17 1	b. DATE								tate)
	REMOYAL (Speed		ept. 28,1	1968 Charity					Salisbury		land
24.	FUNERAL DIRECTO		COMPANIX	SALTSBURY		VI AND	2Sa. REC'I	D BY REG	GISTRAR 2Sb. REGISTRAR'S SI	IGNATURE	
	HEIL LOV	WAY G	.UMPANY.	SALISBURY.	MAK	YLAND	DATE UI	40 1	JOO KONON	The Willes	

VR A15ME (5)

TO DEPUTY

Saact Microsoft Management of the State of t	495381	2333461
		(18)
La partir de la companya del companya del companya de la companya		
Search the Control of		
	The state of the s	
	The state of the s	
in the state of th		
1987 - 1 TOLL - 1 TOL		interest

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1366313652 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH 24 haurs after death (Type or print) LATCHUM Vernon 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years last birthday) HOURS 1887 July 25. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED T Worcester DIVORCED Marvla nd Wicomico 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR General Hospital deriver and the restriction of the control of the Salisbury 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER JOB. COUNTY remove rCampbell XX requires that the death certificate be exec 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Middle Lost William F. Kettue Latchum Murray please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, ar unknawn) (If yes give war or dates of service) 217-36-0286 Alice Long Bishopville. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UBEMIA 4WEEMS burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave IN DEF. (b) PYELONEPHBITIS burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) as the O FUNERAL DIRECTOR: After this certificate has been CARCINON A AMPULLA 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ABOVE YES 🗀 NO T 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased fram 2/12 1965, and that in (my) (our) opinian death occurred an the date and have and fram the saw the deceased alive an_ 9/11 be retained causes stated abave, (1) (we) (did) (and mor) view the bady after death. director, page 3 sharmould be filed with 22b. SIGNATURE 22c. DATE SIGNED M. D. ATTENDING DIRECTOR 22 PHYSICIAN'S 22e. ADDRESS NAME (Type) MEDICAL CENTER SALISBUAY MO 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (Caunty) (State) 9/14/68 250. REC'D BY REGISTRAR DIVEST REGISTRAR'S SIGNATURE DATESEP 30M REV.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13664

Illinois

25o. REC'D BY REGISTRAR

13653

	000			MEDIC	AL EX	AMINE	K.2 (LEKTIFICA	IF O	t DE	AIH						
1. DECEASI			rst			Middle		Lo				20. DATE	KNOWN	X Mon	th [Doy Yeor	2b. HOUR
(1ype c	or Print)	CHARI	ES		J.			LEVERT	T		1.6	OF DEATI	ESTI- H MATED	09-	-20	-68 19	4:294
3. SEX		4. RACE		ATE OF BIR		6. AC	E (In years	MONTHS 1		IF UNDER 2	24 HRS MIN.		PRONOUN				2d. HOUR
M	ale	White	5.	-16-	35	3	3 YR	S. Months	ATS	TOUK3	mm.	Mon	th 9	Doy	20) Yeor 168	4:29 M
	PLACE (Stote	e or foreign	7b. CITIZ	EN OF WHA	AT COUNTR	Y?	8. M	ARRIED NEVE	R MARRIE	D	9. COU	NTY OF I	EATH			15	
country)	Oklai	noma	-	USA		V -		DOWED _	DIVORCE	D		Wic	omic	0			Md.
O. CITY O	R TOWN OF	DEATH		11. NA	ME OF HO	SPITAL OR I	NSTITUTIO	ON (If not in ho	pitol				(Kind of			2b. KIND OF BUS	INESS OR
	alis				reas oddre	TITION		Genera				Chi	life, even	i it retired	1.)	DUSTRY NE	avy
130. USUA odmissi	L RESIDENCE on) STATE	CE (Where dece	osed lived	, if institu Ownship	tion: Resid Dun	ence before K	13c. (1) amp	ry OR TOWN sville		S 🔀 N		13e. STR	EET AND N	UMBER			
4. FATHER	R'S NAME	First		Middle		Lost	100	15. MOTHER	MAIDEN	NAME	First		5.18	Middle		Los	
		Unknow	'n					R	uth (Cate	es						
		ER IN U.S. ARME			16b. SOCIA	L SECURITY I	NO.	17. INFORMANT						RESS			XYS H
(1es_no	, or unknow es	(It yes gi	ive war or date:	s of service)	Unk	nown		U.S.	Nav	y, N	orf	olk,	Virg	ginia	3		
18.	CAUSE OF	DEATH (Enter	only one co	ouse per lir	ne for (o),	(b), ond (c)	.)									APPROXIMATE BETWEEN ONSET	
	PART I. D	EATH WAS CAUS	SED BY: DIATE CAUS	E (o)	Frac	ture	di	slocat	ion	ce	rvi	cal	spi	ne		sudd	
8	312.	/			AS A CONS	EQUENCE O	F	NU SI									
		ny, which gove		(b)						-61			83				
		derlying couse		UE TO, OR	AS A CONS	EQUENCE O	F	rough)	-500			9.3	Provide	5-20	633		
lost.	-)	(c)	100						177						
18	2. OTHER S	SIGNIFICANT COI	nditions (ONTRIBUTII	NG TO DEA	TH BUT NO	RELATE	D TO THE TERMI	NAL DISEA	ISE OR C	ONDITIO	N GIVEN	IN PART 1((o)			
190. 210.	DATE OF O	PERATION				ITION FOR		PERATION						- U. (1)		20. AUTOPSY	(?
E E				220	WAS	PERFORMED	?									YES 🗌	NO K
	EXTERNAL			LIGHT ME	W.	ith, Doγ, Ye		21c. HOW INJU									
	ISE OF DEAT	R CONTRIBUTING H	, 1	HOUR AND	1. 9-2	20-68	F	assen	er	in	aut	oi	nvol	Lved	iı	n coll	ision
- 1214.	INJURY OCC		PLACE OF	INJURY (A	t home, fo	rm, street,		21f. LOCATION					y or Town			County	Stote
W TA	HILE NO	T WORK	foctory, off hig	hway	, eic.)		Ro	ute 13	, S	0.	of	Fru	itla	nd,	Wi	ic., Mo	d.
	22o. I	certify that I	taak cho	arge of th	ne remair	ns describ	ed aba	ve, held an	Autapsy	/ [],	Ins	pection	X,	Inquiry	X,	and in m	y apinion
	death re	sulted 508m:	Natu	iral cous	es 🔲,	Accider	it IX	Suicide], H	omicid	e 🔲	Und	etermine	d monn	ner [
		K	0.	11			-	-	CHIEF N	MEDICAL :	EXAMINE	R \square					
	NATURE	lan	1	, }-	2	-		M D	ASSISTA					22b. D			
EXA	AMINER'S		L. R			D.	10		DEPUTY	MEDICA	L EXAMI	NER E		Se	pt	. 21,	1968
NA	ME (Type)	409 C	amde	n Av	e.	Sali	sbu	ary, Me	ADDRES	S(Street,	, city, tov	wn, or co	unty)				
	IAL, CREMA		b. DATE	0.0		. NAME OF	CEMETER	RY OR CREMATO	RY		23d.	LOCATIO	N (City or	Town)	(1	County) (S	tate)
R	OVAL (Speci	T :	Sept.	23,19	368						H	lardi	in. I	llin	ois		

Federalsburg,

VR A15ME (5)

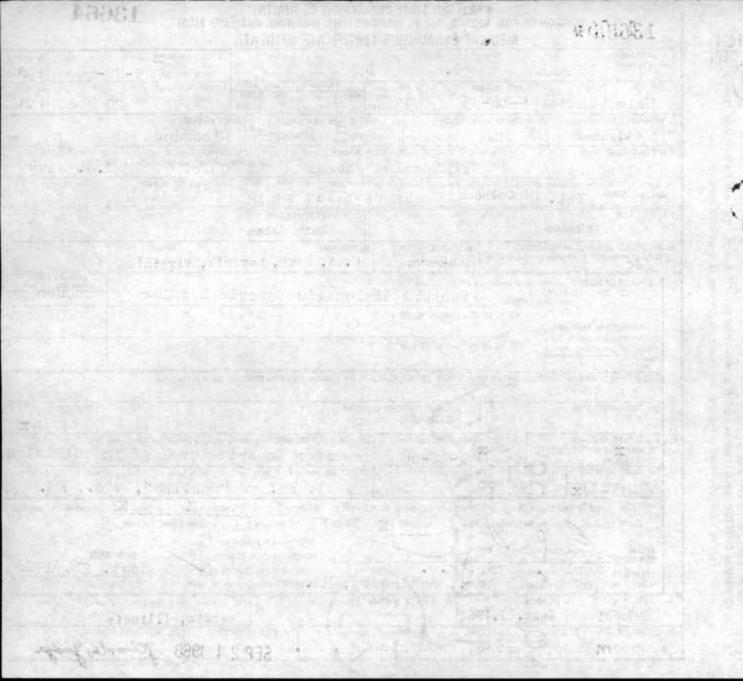
24. FUNERAL DIRECTOR

Framptom

5 may be retained for your

DICAL EXAMINER:

TO DEPUTY



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Bradshaw & Sons, Crisfield, Md. 21817

CERTIFICATE OF DEATH

	ECEASED-NAME Type or print)	First ERCY	Middle	Lewi S		D. DATE OF DEATH Month September	4 Doy 1968	2b. HOUR 8 :50A M
3. SE	Male	4. RACE Whit	te	S. DATE OF B		6. AGE (In y	PEOPS IF UNDER 1 YEAR MONTHS DA	
COU	BIRTHPLACE (Stote or foreign ntry) Maryland	USA	w		RCED 🛣	WICOMICO		* Md
10. 0	Salisbury		e of Hospital or Institu et oddress) s Head Sta			CUPATION (Kind of working life, even if reliveryman		OF BUSINESS OR
	USUAL RESIDENCE (Where of ission) STATE Maryland	deceosed lived, if institutions 18b_COUNTY Somerse		city or town	YES NO NO	319 Che	MBER Esapeake A	venus
14. 1	FATHER'S NAME First	Middle	Lost	1S. MOTHER'S N	AIDEN NAME First		Middle	Lost
160	Willi. WAS DECEASED EVER IN U.		Lewis 6b. SOCIAL SECURITY NO.	17. INFORMANT	Amand		ddress	ans
)		levines de setab se source)	18-12-1131		llard Lan	don, Jr.,		Md.
	1	ter only one couse per line						ROXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DEATH WAS	CALICED DV	Cardiac fai	lure				days
	1621	DUE TO, OR AS	A CONSEQUENCE OF					
	Conditions, if ony, which is to immediate couse	(b)	Carcinoma	of right 1	ung		3 1	months
	stoting the underlying colors.	ouse DUE TO, OR AS	A CONSEQUENCE OF				15,711	
		(c) NT CONDITIONS CONTRIBUTIN	IG TO DEATH BUT NOT R	ELATED TO THE TERMINA	AL DISEASE OR COND	ITION GIVEN IN PART 1(c)	
z	163 X							
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFOR	MED 200. AUT	INDINGS CONSIDERED II	n CERTIFYING		
MEDICAL CER	210. ACCIDENT WAS UNDI	of DEATH HOUR A.M. exominer) P.M.	Month Doy Yeor		CURRED (Enter not	ure of injury in Port 1 o	or Port 2, Item 18.)	
ME	21d. INJURY OCCURRED While Not while of work		FFICE BUILDING, ETC.			City or Town	County	Stote
	220. I certify that () saw the decease upses stated a	(this hospital) ottensed alive an September () (we) (did)	ded the deceased f mber 4 19 (MXX) view the bod	rom June 17 00, ond that in (a y after death.	, 19 <u>68</u> (aur) apinio	, to Septembe n death accurred or	19 <u>68</u> , the hate and ha	nat (¾) (we) las ur and fram the
(22b. GIGNATURS	mite	4/1	DEOREE ATTEND	LJ DIRECT	TOR STAFF K		8
	22d. PHYSICIAN'S NAME (Type) A	C. Mitchell,	M. D.	22e. AD		tate Hospi	Maryl tal, Salis	
	BURIAL, CREMATION,	23b. DATE		ETERY OR CREMATORY		d. LOCATION (City or To	, , , , , ,	(Stote)
B				etery or crematory i Cemetery		risfield,	, , , , , ,	, ,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pages shauld be filed with the State Dept. af Health priar to burial, cremation, or removal, and in any event, within a shauld be filed with the State Dept. SOM REV 10

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

	PART OF TRAM		4	1 2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
of the L because			Taxanii .	
	rant of the	10 March 1987		6400
an yev	Toll [50] gold	eard book a triber.	775	10
3 a Special Park Avenue	x bit in	195 E		en T
direct the second		join -	molific	
an to	aprisortie an	15.15-51-515		
	-	Caritae Dellas		
mander 8.		Louising, pred		
in a fill of a Hazarage of	Ad M. ento	To Daniel Control		
7/4/65 but ver				
egalides del grassmatic conc	S Lyml) etgant	10 M .Hem	Die von Al	
.l. Jaergoo .o.al al	DIT CATELO	S biellier Sort	ent :	TELEBOT
article formation (SEC)				

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13666 CERTIFICATE OF DEATH Lost DECEASED-NAME First Middle 2o. DATE OF DEATH 2b. HOUR death. death. uneral and (Type or print) Month Little Edsall. Seward S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3 SEX 4 RACE 6. AGE (In years lost birthday) MONTHS DAYS HOURS February 15, 1890 White Male within 24 haurs 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign B. MARRIED M NEVER MARRIED Impletely filled in the carban papers event, within 72 ha DIVORCED WIDOWED [Wicomice USA New York 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life even if retired) INDUSTRY.
Retired Railroad clerk Railroad give street address Deer's Read State Respital Salisbury 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13b. COUNTY NO Rt. 6, Delmar Road Salisbury Wicomico Maryland and in any 1S. MOTHER'S MAIDEN NAME First Middle 14 FATHER'S NAME Middle Lost and Little Sarah Rice Joseph E. please 17. INFORMANT (Wife) Rt. OAddress Delmar Road requires that the death certificater 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war ar dates of service) Mrs. Mildred T. Little, Salisbury, Maryland 717-07-9178 or remava APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Brenche Pneumenia 2 Days IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF Massive Cerebral Vascular Accident 6 Weeks burial-transit p Canditians, if any, which gave: rise to immediate couse (o), DUF TO, OR AS A CONSEQUENCE OF stating the underlying cause Arteriescleretic Meart Disease Years PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) by the haspital ar attending **TO FUNERAL DIRECTOR:** After this certificate has been directar, page 3 shauld be detached far use as the OR ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19g. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES . NO T af Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) HOUR A.M. Month Doy Yeor OR CONTRIBUTING CAUSE OF DEATH P.M. (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. County Stote 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn While Not while at work of wark 22a. I certify that (1) (this hospital) attended the deceased fram 8/6/68 sow the deceased alive an 19, and that in (m and that in (my) (our) opinion death accurred on the date and haur ond from the be retained causes stated abave, (1) (we) (did) (did nat) view the bady ofter deoth. 22h_SYCRAPIPE 22c. DATE SIGNED ATTENDING THYS. STAFF PHYS. MED. DIRECTOR Sept. 7. 1968 DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Box 2018, Salisbury, Mi. - 21801 Andrew C. Mitchell. M.D. directar, should b 23d. LOCATION (City or Town) (County) (Stote) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23o. BURIAL, CREMATION REMOVAL (Specify) Salisbury, Wicomico, Maryland Sept. 10, 1968 Parsons Cemetery 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 1968 Miarles DASEP 1 HOLLOWAY & COMPANY, SALISBURY, MARYLAND 30M REV.

MARYLAND STATE DEPARTMENT OF HEALTH

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

Year

19 6

19 68

Hastings

20. AUTOPSY?

YES 🗌

ond in my opinian

(State)

County

1968

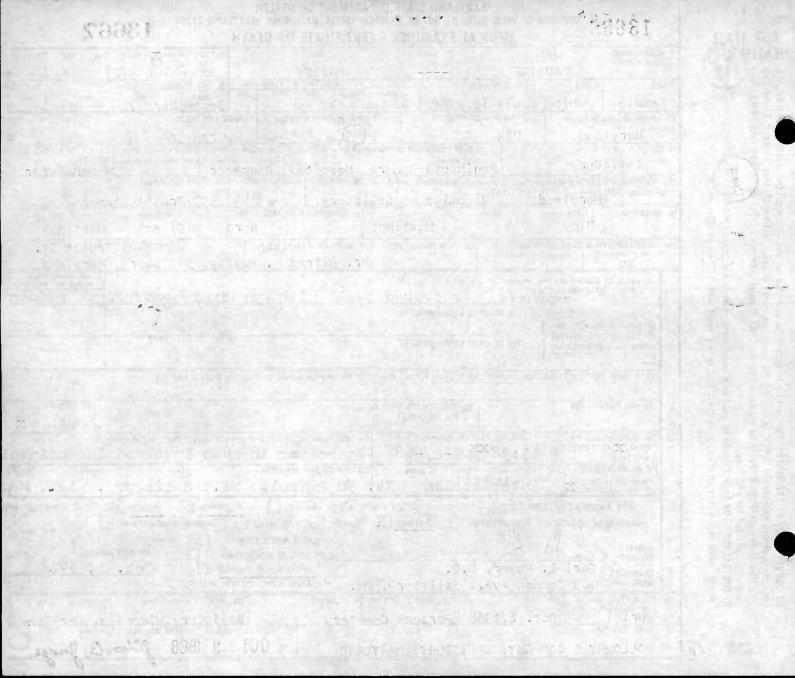
sudden

NO X

2b. HOUR

2d. HOUR

VR A15ME (5)



- 1			O STATE DEPARTMENT OF T		
	13657	DIVISION OF VITAL RECORDS,	ERTIFICATE OF DEATH		3668
	DECEASED-NAM (Type or pri)	and Jomo	Lost	20. DATE OF DEATH Month Do Perfembre	2b. HOUR
	Male	Whire	Sept. 16,	1921 AGE (In years los) birthdoy) YRS.	MONTHS DAYS HOURS MIN.
CO	BIRTHPLACE (Stote or foreign untry) Maryland	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED VIDOWED DIVORCED	9. COUNTY OF DEATH Wicomico	Md
	CITY OR TOWN OF DEATH Salisbury	11. NAME OF HOSPITAL OR INST Eive street address12 a (ITUTION (If not in hospitol 120. USU, General Hospita	AL OCCUPATION (Kind of work done of of working life even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY OWN Farm
3 00	nission) STATE Mary lan	ed lived, if institution: Residence before	13c, CITY OR TOWN 13d. INSIDE CITY L		
14.	FATHER'S NAME First James	Middle Lost Massey	IS. MOTHER'S MAIDEN NAME I		Lost
16	o. WAS DECEASED EVER IN U.S. ARI Yes, no, ocunknown) (If yes give v	MED FORCES? 16b. SOCIAL SECURITY N arr or dates af service) 219-46-4		Address ### Bishopwille	. Ma
MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 STHER SIGNIFICANT COI 100 AND OF OPERATION 196. 21th ACCIDENT WAS UNDERLYING FOR COMINIBUTING CAUSE OF DIAMETER SIGNIFICANT (B) TO COMINIBUTING CAUSE OF DIAMETER STATE OF DIAMET	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?) r nature of injuty in Part 1 or Part 2,	(05.
	saw the declared over 22b. SIGNATION 22d. PHYSKIAN'S NAME (Type)	MARTER.	ady after death.	/ /	that (I) (we) last ofe and hour and from the
	BURIAL CREMATION 23b.	DATE 23c. NAME OF C	EMETERY OR CREMATORY 1250, RECD B	23d IQCATION (Cay or Town) 18h pville	(County) Mol
-	Tella 11 tras	ey selliquille	Scl. DATE OCT	3 1968 Jelian	rles Judge

wing fall RABBL The state of the second deviation at the state of the second second e , mede Service And Advantage Till December 1988

MARYLAND STATE DEPARTMENT OF HEALTH

				18658
13659	factions 9 2	i and		10 70
	THE THE PART OF THE		stall.	a.Come's
	polymora			igrosi
		Clade Projection	440 117.	quint21
	A	Marie Talte		ma I yezh
	- Theretogia	AL DESIGN		
ALL STREET	Basining of 1 21	111.67380-42		67
I mototh	The state of the s	Lupaty ferior	100	
Marin Agus -	3, 10 55 81 30 10 10 10 10 10 10 10 10 10 10 10 10 10 1	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Andreas Sport of the sport of the	
. 99/98/6	9 750 A.7 to 70		Margaret	
Comparison of	throph as I'l beat a your		. I Imlacke . O	
	windstell dut.			
don't copy and	SEP 10 1960	1.84 TEST	ork stall	A Tomes

CALT.

13659

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 43670

	9.1				CEKITLI	CAIE OF	DEATH						
1. DECEASED		First		Middle	- 1	Last		2a. DATE OF					HOUR
(Type or	print)	IDA		MAY	M	CALLIS	TER	Sept	ember	28°Y	196	8 9:	40Am
3. SEX			4. RACE			S. DATE OF			6. AGE (In	years	IF UNDER 1 YEAR		R 24 HRS.
Fe	ema1e			White		July	24,1894		last birth	YRS.	MUNITS DAT	5 HOURS	min.
70. BIRTHPL	ACE (State or forei	gn 7	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER MA	RRIED	9. COUNTY OF	DEATH				
Ma	aryland		USA		WIDOWED		ORCED 🔲	WICOM	CO				Md.
10. CITY OR	TOWN OF DEATH		11. Ni give	AME OF HOSPITAL OR IN	ISTITUTION (If	not in haspital		AL OCCUPATION			12b. KIND (INDUSTRY at ho	OF BUSINES	SS OR
	alisbury			street oddress) ninsula Ge							at ho	ome	
admission)			13b. COUNTY	tion: Residence befare	Salis		13d. INSIDE CITY LI		D.#4,		es Road	d	
14. FATHER'S	S NAME First		Middle	Lost	1	S. MOTHER'S I	MAIDEN NAME F	irst		Middle		Last	
	Lee			Ruark	0.13		Jan	nie			Lo	owe	
	ECEASED EVER IN U	.S. ARME	D FORCES? or dates of service}	16b. SOCIAL SECURITY	NO. 17.	INFORMANT	(Husban	nd)		Address R .	D.4, [ykes	Rd.
No.	or unknown) (If	yes give war	or dates or service)		M	r. Jos	eph J.	McAllis	ster,	Salis	sbury,	Md.	W.
Candit rise to stating last.	tians, if any, which immediate caus g the underlying	gove e (o), cause	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE OF	lete	ca,	well	ITU.	- V				
126	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
19a. D/	ATE OF OPERATION	19b. C0	ONDITION FOR WH	HICH OPERATION WAS P	ERFORMED	20a. AUT YES		CALISE	YES, WERE I S OF DEATH?	FINDINGS C	ONSIDERED IN	CERTIFYIN	NG .
3 DORG	CCIDENT WAS UNICONTRIBUTING CAUS	E OF DEATH	HOUR A.M. P.M.	Manth Day Year	19	1.7	CCURRED (Enter		ry in Part 1	or Port 2,	Item 1B.)		
While	NJURY OCCURRED Nat while at work			(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		110		11	ar Tawn	9/10	County		State
220.	I certify that sow the deceo couses stoted	(I) (this sed oli obove,	hospital) att ve on (l) (we) (did)	ended the decease (did not) view the	sed from 1947, ar hody after	d that in (1 death.	ny) (our) opi	, to(inion deoth	occurred a	in the do	te ond hou	at (I) (v or ond fr	we) last om the
	IGNATURE	a	ani	Ne	enoto	WATTEND PHYS.	/ D	MED. DIRECTOR	STAFF PHYS.	□ 22c Se	pari signed	68	/1968
	PHYSICIAN'S NAME (Type) Dr	Ca	rrie Hea	arn		22e. Al 226		vision	Street	, Sa	lisbur	y, Mo	d.
	LL, CREMATION, VAL (Specify)	23b. D/ Oct	ober 1,	23c. NAME OF 1968 Pars	cemetery of			23d. LOCATI	, ,	,	(County)	(Stat ary 1 a	,
	AL DIRECTOR LLOWAY &	COM	PANY, S	ALISBURY,		AND	DATE OC	T 2	25b. R		SIGNATURE	ndge	_

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and banderely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Eages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, cremation, or remaval, and in any event, within 72 hadrs after death. VR A15 (4) 30M REV. 1VS8

within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be enable 4 may be retained by the haspital or attending physician.

metern a sold change country may require a change of a sold in the HIANG TO THE STREET to the care of the contract parties of the Mark. with the second en a constituir de la company de la comp La company de la company d

FOR necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Madical Committee of the forwarded to the Chief Madical Committee of the Chief Chief Madical Committee of the Chief Chief Madical Committee of the Chief Chi Department of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

19000		MEDICAL EXA	MINER'S CE	RTIFICATE	OF DEATH		24.00	
1. DECEASED-NAME (Type or Print)	First HEZE	KIAH	Niddle M	cBRIDE		2a. DATE KNOWN Manth OF ESTI- DEATH MATED 9 -6	Day Year 8-68 19	2b. HOUR 3: 35 M
3. SEX	4. RACE A.A.	S. DATE OF BIRTH 11-211-112	6 AGE (In years lost birthday) 20 yrs.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	2c. DATE PRONOUNCED DEAD Month 9 Doy 8	Yeq68	2d. HOUR 3:35 M
7o. BIRTHPLACE (Stot country)	e or foreign 7	b. CITIZEN OF WHAT COUNTRY		RRIED NEVER MAI	RRIED . 9. CO	UNTY OF DEATH Wicomico		Md
10. CITY OR TOWN O		11. NAME OF HOSE	TAL OR INSTITUTION	(If nat in haspital		OCCUPATION (Kind of work done of working life, even if retired)	12b. KIND OF BU	JSINESS OR

										DEATH MA	ILED []	00 17	ノ・ノノル
	3. SE	EX 4. I	RACE	S. DATE OF BIR	TH	6 AGE (In years	MONTHS D				NOUNCED DEAD		2d. HOUR
]	M	AA	4-24	-42	26 yrs		YS HOURS	MIN.	Month	9 Doy 8	Yeak 8	3:35%
		BIRTHPLACE (Stote or	foreign 7b.	CITIZEN OF WHA	AT COUNTRY?	8. MA	RRIED NEVE	MARRIED X	9. COU	NTY OF DEATI			
	caun	itry) Fla.		U.S	S.A.	WID	OWED 🗌	DIVORCED [Wicom	ico		M
201	10. 0	ITY OR TOWN OF DE	ATH			L OR INSTITUTIO					d of work done	12b. KIND OF	BUSINESS OR
0		Salisbu	ıry	give s	reet address) Penins	ula Ge	eneral	dusing	a mest o	Working life	eyen if retired.)	INDUSTRY	18 19 18
12		USUAL RESIDENCE (\		lived, if institu	tian: Residence	before 13c. CITY	OR TOWN	13d. INSIDE CITY		13e. STREET A			
(3)	a	dmission) STATE	Md.	BP. COUNTA	orcest	er Poo	comoke	YES 🗶	NO 🗌	608	Laurel	St.	119 111
3	14. F	ATHER'S NAME	First	Middle	00 0	Last	15. MOTHER'S	MAIDEN NAME	First,	1.	Middle	-	Last
		Cho	orlie		McB	ride Sv		1	lati	tie		Jon	res
		WAS DECEASED EVER II			16b. SOCIAL SEC	URITY NO.	17. INFORMANT	•0 0		-	ADDRESS	- 1	AA 1
	(1	es, no or unknown)	(IT yes give wor	or dates of service)	216-40	-4225	harlie	McB	ride	Jr.	Pocar	noke	, Md.
		18. CAUSE OF DEA		ane cause per lir	ne far (a), (b),	and (c).)							MATE INTERVAL INSET AND DEATH
		PART I. DEATH	WAS CAUSED E	SY: CAUSE (a)	Shots	gun wo	and of	chest	t			sud	den
	7	96.5	X		AS A CONSEQUE				516			1 0 700	
		Conditions, if any,		(b)									
		rise to immediate couse (a). stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF											
		lost.											
	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)											
		981X											
,	TIO	19a. DATE OF OPERA	ATION	5-07-5		FOR WHICH OP	ERATION	K 14-15				20. AUT	OPSY?
1	CERTIFICATION				WAS PERF	ORMED?						YES	X NO
		21a. EXTERNAL CAUS			NJURY Manth, D	ay, Year	21c. HOW INJUR	Y OCCURRED (E	nter notu	re af injury in	Port 1 or Part 2,	Item 18.)	
	MEDICAL	PRIMARY OR CO	NTRIBUTING	2: 500 RA.	M. 9-8-	-68	Shot b	y assa	aila	int du	ring a	rgumen	t.
	ME	21d. INJURY OCCURR		ACE OF INJURY (A	t hame, farm,		21f. LOCATION S	reet or R.F.D. No).	City or T	own	County	State
		WHILE NOT WE AT WORK AT WO	RK Tacto	ry, office building	nome		xford	St.,	Poc	omoke	, Word	ester,	Md.
				k charge of th	ne remains d	escribed abov	e, held an	Autopsy 7	Ins	spection 2	Inquiry	A, and in	my opinior
			-	Natural cous		ccident .	Suicide [Hamici	CT-ST		mined manner		
			15	1		THE REAL PROPERTY.	The second	CHIEF WEDICAL				100	

22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER 1968 Sept. DEPUTY MEDICAL EXAMINER

23c. NAME OF

230. BURIAL, CREMATION, REMOVAL (Specify) 24. FUNERAL DIRECTOR 23b. DATE

CEMETERY OR CREMATORY 2Sa. REC'D BY REGISTRAR

ADDRESS(Street, city, town, ar county)

23d. LOCATION (City ar, Town)

(County)

13674

Savage, New Church, Va.

REGISTRAR'S SIGNATURE 1968

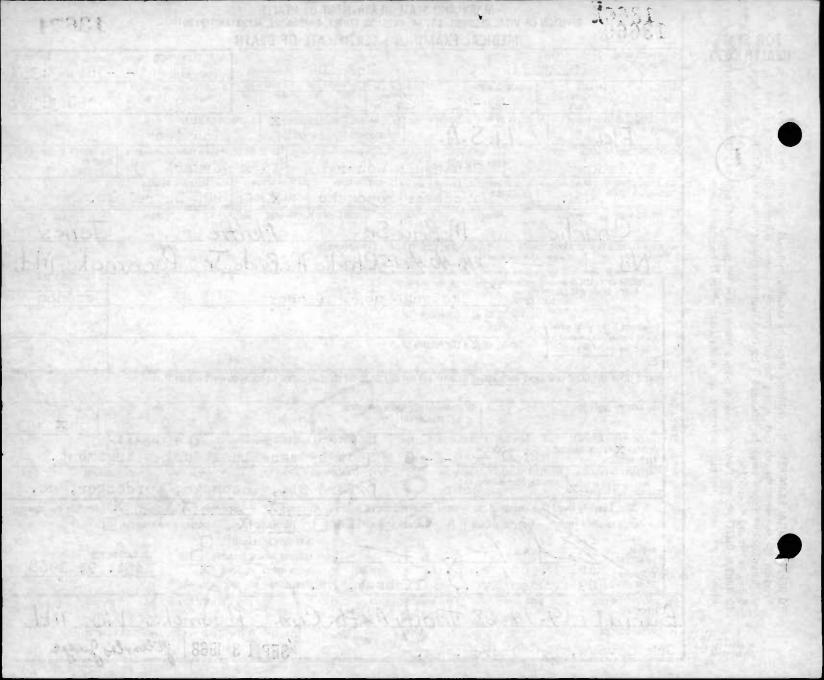
VR A15ME (5) 10M REV. 1/1

Health prior to burial, cremation, or removal, and in any event within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with

files.

5 may be retained for your

TO DEPUT



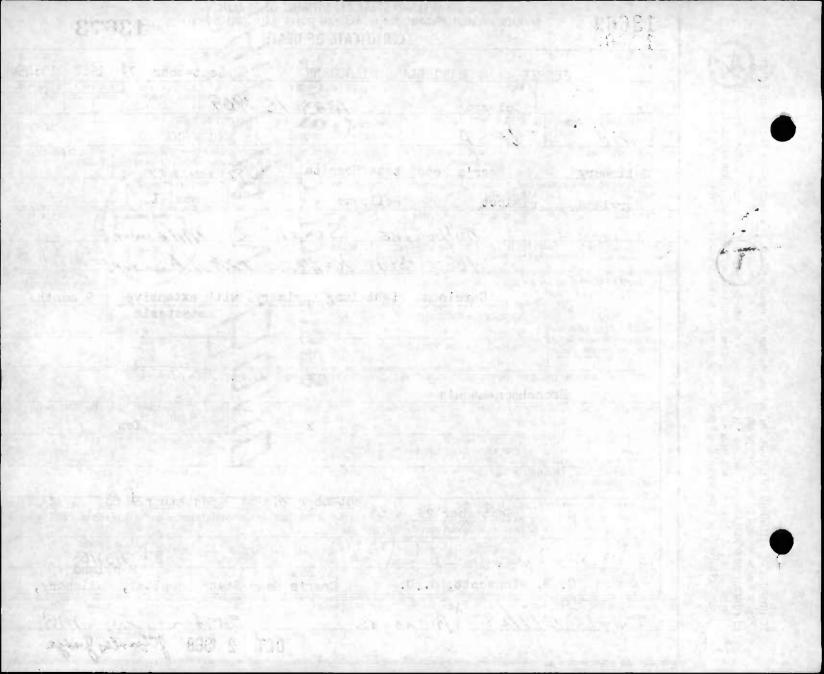
'	T900%			CERTIF	CATE OF	DEATH		1	13672	2
Pages 1 and 2 ours after death.	. DECEASED-NAME (Type or print)	First EDMUND	Middle BLAI	-	Lost ONALD		2a. DATE OF	Month Doy	ž 1 ^{Ye} 68	2b. HOURa.
s after o	Male	4. RAC	White		S. DATE OF BII	rth t. 17/	1903	6. AGE (In years lost birthday)	IF UNDER 1 YEAR MONTHS DAYS 1 OL	IF UNDER 24 HRS. HOURS MIN
	o. BIRTHPLACE (State or country) Titusvill	e,Pa.	EN OF WHAT COUNTRY?	B. MARRIE WIDOWE	NEVER MARI	RIED	9. COUNTY OF	DEATH		Md
10	O. CITY OR TOWN OF DEA Salisbury		11. NAME OF HOSPITA give street oddress) W1 COM1 CO	Nursing	Home	during m	L OCCUPATION est of working	(Kind of work done	12b. KIND OF INDUSTRY Sales	BUSINESS OR
9		York 131 C	f institution: Residence OUNTY Monroe	Roche	ester	YES NO	□ #63	REET AND NUMBER Canasta F	Road	
	Pet	er	Middle McDon	a 1 d	1S. MOTHER'S MA	Winif	red	Middle	Judg	Je Last
	l6a. WAS DECEASED EVER Yes, no, ar unknown) No	(If yes give war or dates of	service) 105 - 0	3-1960	rs.Mary 63 Cana	Eliz. sta Ro	(Hughes)McDonard ester,New	-(Wife) York	MATE INTERVAL
	1B. CAUSE OF DEAT PART 1. DEATH	H (Enter anly one cou WAS CAUSED BY: IMMEDIATE CAUSE	se per line far (a), (b),	ond (c).)	of The	par	crea		BETWEEN O	MATE INTERVAL DISET AND DEATH MAS -
	Conditions, if any, w	hich gove	TO, OR AS A CONSEQUE							
	last.)	TO, OR AS A CONSEQUE		TO THE TERMINAL	L DISEASE ODG	ONDITION ONE	N IAI DADT 1/->		
	157X	gene	ONTRIBUTING TO DEATH	ne	tactor	26		YES, WERE FINDINGS (CONCIDENTED IN C	EDTIFVING
2	190. DATE OF OPERATI		FOR WHICH OPERATION		20a. AUTO	NO X	CAUSES	OF DEATH?		EKIIFYING
	or contributing	cause of DEATH HO	UR A.M. Month Day	Yeor 19	N/A			ry in Part 1 ar Part 2,		
	While Not while	□ N	INJURY (AT HOME, FARM, SOFFICE BUILDING,		N/A		. /	or Town	County	State
	sow the de	of (I) (this hospit ceosed olive on_ ed above, (I) (w	rol) allended the d	leceosed from a w the body afte	nd that is my	y) (our) api	nian death (occurred an the do	ote ond hour	(I) (we) lost ond from the
	225/STGNAFORE	04 1	exelf	B / DE	GREE ATTENDIN		MED.	STAFE	ept.2/	/1968
1		r.Earl M.				land A		sbury,Mar		
17.	230. BURIAL, CREMATION, PEMOVAL (Specify)	23b. DATE Sept. 24	/1968 Ho	AME OF CEMETERY OF			Roche	ON (City or Town) ester, New		(Stote)
) /68	24. FUNERAL DIRECTOR HOLLOWAY &	COMPANY		ADDRESS , MAR YLAN	21801	250. REC'D B		1968 REGISTRAR'S	S SIGNATURE	udge

KARBI Earth and Earth Solven Dokumen I made not of National Control of the State of State of the street street and the street stre

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician. la and completely filled in by the least remove corbon papers. Pages and in any event, within 72 hours offe TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the buriol-transit permit. The should be filed with the State Dept. of Health prior to buriol, cremation, or remo

VR A 15 4)

			MARYLAN	D STATE I	EPARTMENT OF H	HEALTH		1		1.5/1-01-1		
136	562	DIVISION OF	VITAL RECORDS,	301 W. PR	ESTON STREET, BALT	IMORE, MA	ARYLAND 212	2913	673			
				CERTIFICA	ATE OF DEATH			1.0	0,0			
1. DECEASED-NA (Type or prin		CLASS -	Middle		Last	2a. DATE (D	V	2b. HOUR		
(type of him	JES	SIE	MARCELIA	MILE	BOURNE	Se	ptember	29	1988	10:45AV		
3. SEX		4. RACE			DATE OF BIRTH		6. AGE (In year	ırs	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		
Male		Color	ed		Max. 15.	1909	lost birthday	YRS.	MUNIHS DATS	HOURS MIN.		
7a. BIRTHPLACE	(State or foreign	7b. CITIZEN OF WI		8. MARRIED	NEVER MARRIED	9. COUNTY C	OF DEATH					
(outling)	nd	21.5	A	WIDOWED	DIVORCED _	WIC	OMICO			Mo		
10. CITY OR TO	WN OF DEATH		AME OF HOSPITAL OR INS	TITUTION (If no			N (Kind of work		12b. KIND OF INDUSTRY	BUSINESS OR		
	isbury	Dee	r's Head S		Dabitat	STOT WORKIN	ig life, even if ret	irea.)	INDUSTRY			
130. USUAL RES	SIDENCE (Where deceas	ed lived, if institut	ion: Residence before	13c. CITY OR 1	OWN 13d. INSIDE CITY LI	IMITS? 13e. S	STREET AND NUME	BER				
	rvland	Walbet		Bellev	YES NO	0	Box 51					
14. FATHER 5 M	AME First	Middle	Lost	15.	MOTHER'S MAIDEN NAME F	irst	Mic	ddle		Lost		
コ	15316		Milbour		Jerah	J.	Milbo	uxi	VE			
Yes, no. or u	ASED EVER IN U.S. ARN	NED FORCES? or or dates of service)	16b. SOCIAL SECURITY I	NO. 17. IN	FORMANT		, Add	lress	3-140			
	TIKING WITH		165-14-5	5911	Kate.	m	1/ 100	OM	E			
	E OF DEATH (Enter an			•					BETWEEN OF	NATE INTERVAL NSET AND OFATH		
PAK	PART I. DEATH WAS CAUSED BY: Carcinoma right lung (primary) with extensive											
16	1621 DUE TO, OR AS A CONSEQUENCE OF metastasis											
	s, if any, which gave)	(b)					448			= 175		
	rise to immediate cause (o), (D). stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF											
last.												
PART 2. (PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
z /6	X Bro	nchopneu	monia									
F 190. DATE	OF OPERATION 19b.	CONDITION FOR WH	IICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?		IF YES, WERE FINI	DINGS CO	NSIDERED IN CE	RTIFYING		
RTIFI	YES NO CAUSES OF DEATH? Yes											
	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)											
(If either,	notify medical examin	ner) P.M.	19									
While Cat work	at work			1 1000	ATION Street or R.F.D. No.		ty ar Tawn		County	State		
22a. 1 c	22a. I certify that (*) (this haspital) oftended the deceased from September 2419 68, to September 299 68, that (1) (we) last saw the deceased alive an September 29 19 68, and that in (**) (aur) apinion death accurred on the date and haur and from the											
sav	saw the deceased alive an September 29 19 53 and that in (***) (aur) apinion death accurred on the date and haur and fram the causes stoted above, (*) (we) (did) (***) view the body after death.											
28b. SIGN	PAD. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED											
6	19.00	my	se o l	DEGRE	E PHYS. \square D	IRECTOR -	PHYS.	2001	/30/65			
22d. PHY: NAM	SICIAN'S AE (Type) C. H	. Winnac	ott, M. D.		22e. ADDRESS Deer's Head	d Stat	e Hospit		Salisb	ury,		
23o. BURIAL, C		DATE/	23c. NAME OF	CEMETERY OR C	REMATORY	23d. LOCA	TION (City or Tow	n)	(County)	(State)		
REMOVAL	(Specify)	14/68	Bich	ords		ERS		71	1. H	10		
24. FUNERAL D	DIRECTOR	11/	ADDRESS		2So. REC'D B	Y REGISTRAR	2Sb. PECH	STRAR'S	SICNATURE			
1/20	new 11	1 ichaul	V Ecitro	130	DATUGE	6 13	200	-corp	and have	7		



1. DECEASED-NAME	First	Middle		last		2a. DATE OF	DEATH	2000		2b. HOUR	
(Type ar print)	James	Fred		Noel		9	Month 24	Day	Year	688:45DA	
3. SEX	4. RACE			5. DATE OF B	IRTH		6. AGE (In years	s IFI	UNDER 1 YEAR	IF UNDER 24 HRS.	
Male		White		Septe	mber 7,	1887	last birthdoy)	YRS. MON	NTHS DAYS	HOURS MIN.	
o. BIRTHPLACE (Stote or fountry)	oreign 7b. CITIZE	N OF WHAT COUNTRY?	8. MARRIED	☐ NEVER MAR	RRIED 9	COUNTY OF	DEATH	-			
Kansas	1	JSA	WIDOWED	DIVO	RCED 🗌		Wicomic	0		Mo	
O. CITY OR TOWN OF DEA	TH	11. NAME OF HOSPITAL OR IN	STITUTION (If	nat in hospital			(Kind of work d	lane 1	12b. KIND OI INDUSTRY	BUSINESS OR	
Salisbu		give street address) Deer's Hea	d Sta	te Mosp	Reti	red Ac	life, even if retir Countant	t L	J.S.G	vernmer	
30. USUAL RESIDENCE (WI	nere deceased lived, it	f institution: Residence befare	1		13d. INSIDE CITY LIMI	13e. STR	REET AND NUMBE	R			
odmissian) STATE Mar	yland 1311. C	Wicomico -	Sal	isbury	YES NO	_ 1	06 Clyd		enue		
14. FATHER'S NAME F	irst ,	Middle Lost	1	S. MOTHER'S M	AIDEN NAME Fire	st	Midd	lle		Last	
Wildelphan Cold	(unknown					(ui	nknown)			18 1861	
160. WAS DECEASED EVER	IN U.S. ARMED FORCES (If yes give war ar dates of s	angeal			Friend)					Bridge F	
Yes, no, or unknowa) (unknown)		217-30-77	34 Mr	s. Gra	nville	Pusey,	Salisbu	ury,			
18. CAUSE OF DEAT	H (Enter anly one cous	se per line far (a), (b), ond (c).	.)						BETWEEN	IMATE INTERVAL ONSET AND DEATH	
PART I. DEATH	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia										
4/20	4/20 DUE TO, OR AS A CONSEQUENCE OF										
Conditions, if any, w		(b) Generalize	ed arte	erioscl	erosis				Ye	ars	
rise to immediate of stating the underly	ause (o),	TO, OR AS A CONSEQUENCE OF									
rise to immediate of stating the underly last. 443 x	ause (o), ing cause	TO, OR AS A CONSEQUENCE OF (c) Hypertensi	ve ar	teriosc	lerotic			ar di		ers Yrs	
rise to immediate of stating the underly last.	DUE DUE	TO, OR AS A CONSEQUENCE OF (c) Hypertensi ONTRIBUTING TO DEATH BUT N	ve ar	terios c	lerotic			ar di			
rise to immediate of stating the underly last. PART 2. OTHER SIGN	FICANT CONDITIONS CORPORAL TH	TO, OR AS A CONSEQUENCE OF (c) Hypertensi ONTRIBUTING TO DEATH BUT N ON TO BOOK TO THE CONTRIBUTION OF T	ve ar	teriosc o THE TERMINA t hemip	lerotic L DISEASE ORCO aresis	NDITION GIVEN	IN PART 1(o)		3.	Yrs	
rise to immediate of stating the underly last. PART 2. OTHER SIGN	FICANT CONDITIONS CORPORAL TH	TO, OR AS A CONSEQUENCE OF (c) Hypertensi ONTRIBUTING TO DEATH BUT N	ve ar	terios c O THE TERMINA t hemip 20a. AUTO	lerotic LL DISEASE OR CO aresis DPSY?	NDITION GIVEN	I IN PART 1(0) YES, WERE FINDI		3.	Yrs	
rise to immediate of stating the underly last. PART 2. OTHER SIGN Old c 19a. DATE OF OPERATION	ouse (o), DUE IFICANT CONDITIONS CORP Erebral th DN 19b. CONDITION	(c) Hypertensi ONTRIBUTING TO DEATH BUT N PROMBOSIS WITH FOR WHICH OPERATION WAS PE	ve ar	teriosc O THE TERMINA t hemip 20a. AUTO YES	lerotic LI DISEASE OR CO aresis DPSY?	20b. IF	YES, WERE FINDI OF DEATH?	NGS CONS	IDERED IN (Yrs	
rise to immediate of stating the underly last. PART 2. OTHER SIGN Old c 19a. DATE OF OPERATION 21o. ACCIDENT WAS	FICANT CONDITIONS CORPORATE TO THE CONDITION ON 19b. CONDITION UNDERLYING CAUSE OF DEATH lical examiner)	TIME OF INJURY JO, OR AS A CONSEQUENCE OF (c) Hypertensi ONTRIBUTING TO DEATH BUT N PROMODOSIS WITH TOMOOSIS WITH TIME OF INJURY JE A.M. Month Day Year JE A.M. Month Day Year	OT RELATED TO TELEPOOR TO THE PROPERTY OF T	teriosc o THE TERMINA t hemip 200. AUTO YES OW INJURY OCO	elerotic L DISEASE OR CO aresis DPSY? NO CURRED (Enter of	20b. IF	I IN PART 1(0) YES, WERE FINDI	NGS CONS	IDERED IN (Yrs	
rise ta immediate of stating the underly last. PART 2. OTHER SIGN Old c 19a. DATE OF OPERATION 21o. ACCIDENT WAS OR CONTRIBUTING CITY Iff either, natify mediate of the control of t	GUNDERLYING CAUSE OF DEATH LICANT CONDITIONS CONDITION ON 19b. CONDITION UNDERLYING 21b. CAUSE OF DEATH LICAL EXAMINET) ED 21e. PLACE OF	TIME OF INJURY JE A.M. Month Day Year	OT RELATED TO TELEPOOR TO THE PROPERTY OF T	teriosc o THE TERMINA t hemip 200. AUTO YES OW INJURY OCO	elerotic L DISEASE OR CO aresis DPSY? NO CURRED (Enter of	20b. IF CAUSES	YES, WERE FINDI OF DEATH?	NGS CONSI	IDERED IN (Yrs	
rise ta immediate of stating the underly last. PART 2. OTHER SIGN Old C 19a. DATE OF OPERATION 21o. ACCIDENT WAS OR CONTRIBUTING OF OPERATION 21d. INJURY OCCURR While Not while of work 22a certify th	FICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION 19b. CONDITION UNDERLYING 21b. CAUSE OF DEATH HOLDICAL examiner) ED 21e. PLACE OF	TIME OF INJURY (AT HOME, FARM, STREET, FAM (a) attended the decease (c) Hypertensi (c) Hypertensi (d) Expertensi (d) Expertensi (d) Expertensi (e) Expertensi (e) Expertensi (f) Expertensi (e) Expertensi (f) Expertensi (f) Expertensi (g) Attended the decease	OT RELATED I	teriosc THE TERMINA The Marie 20a. AUTO YES OW INJURY OC OCATION Street	Lerotic L DISEASE OR CO aresis DPSY? NO CURRED (Enter of the property of the p	20b. IF CAUSES noture of injur	YES, WERE FINDION OF DEATH? y in Port 1 or Po	NGS CONSI	IDERED IN (ERTIFYING State	
rise ta immediate of stating the underly last. PART 2. OTHER SIGN Old C 19a. DATE OF OPERATION 21o. ACCIDENT WAS OR CONTRIBUTING OF OPERATION 21d. INJURY OCCURR While Of Work 22a. I certify the saw the de	FICANT CONDITIONS CORPORATE TO THE PROPERTY OF	TIME OF INJURY OFFICE BUILDING, ETC. AT HOME, FARM, STREET, FAM. AT HOME, FARM, STREET, FAM. OFFICE BUILDING, ETC. AT HOME, FARM, STREET, FAM. OFFICE BUILDING, ETC. AT HOME, FARM, STREET, FAM. OFFICE BUILDING, ETC.	OT RELATED IN TIGHT OF THE PROPERTY OF THE PRO	teriosc THE TERMINA themip 20a. AUTO YES OW INJURY OC OCATION Street Sept. d that in (m	Lerotic L DISEASE OR CO aresis DPSY? NO CURRED (Enter of the property of the p	20b. IF CAUSES noture of injur	YES, WERE FINDION OF DEATH? y in Port 1 or Po	NGS CONSI	IDERED IN (ERTIFYING State	
rise ta immediate of stating the underly last. PART 2. OTHER SIGN Old C 19a. DATE OF OPERATION 21o. ACCIDENT WAS OR CONTRIBUTING (Iff either, natify med) 21d. INJURY OCCURRE While (Iff work) of work 22a. I certify the saw the de causes state	FICANT CONDITIONS CORPORATE TO THE PROPERTY OF	TIME OF INJURY (AT HOME, FARM, STREET, FAM (a) attended the decease (c) Hypertensi (c) Hypertensi (d) Expertensi (d) Expertensi (d) Expertensi (e) Expertensi (e) Expertensi (f) Expertensi (e) Expertensi (f) Expertensi (f) Expertensi (g) Attended the decease	OT RELATED IN TIGHT OF THE PROPERTY OF THE PRO	teriosc THE TERMINA themip 20a. AUTO YES OW INJURY OC OCATION Street Sept. d that in (m	Lerotic L DISEASE OR CO aresis DPSY? NO CURRED (Enter of the property of the property) of the property of the	20b. IF CAUSES noture of injur	YES, WERE FINDION OF DEATH? y in Port 1 or Po	ort 2, Item C 19_60 ne date	idered in (ERTIFYING State	
rise ta immediate a stating the underly last. PART 2. OTHER SIGN Old C 19a. DATE OF OPERATION 21o. ACCIDENT WAS OR CONTRIBUTING OR CONTRIBUTING Ulf either, natify med 21d. INJURY OCCURR While Not while at wark 22a. I certify the saw the de causes state 25. SIGN 1015	FICANT CONDITIONS CORPORATE TO THE PROPERTY OF	TIME OF INJURY OFFICE BUILDING, ETC. AT HOME, FARM, STREET, FAM. AT HOME, FARM, STREET, FAM. OFFICE BUILDING, ETC. AT HOME, FARM, STREET, FAM. OFFICE BUILDING, ETC. AT HOME, FARM, STREET, FAM. OFFICE BUILDING, ETC.	OT RELATED IN TIGHT OF THE PROPERTY OF THE PRO	terios c THE TERMINA THE TERMINA TO THE TERMINA TO THE TERMINA TO THE TERMINA TO THE TERMINA THE TERMI	Lerotic L DISEASE OR CO aresis DPSY? NO CURRED (Enter of the property of the p	20b. IF CAUSES noture of injur City , ta_S ian death a	YES, WERE FINDION OF DEATH? y in Port 1 or Po	ort 2, Item C 19 60 22c. DATI	idered in (State State (we) last and fram the	
rise ta immediate of stating the underly last. PART 2. OTHER SIGN Old C 19a. DATE OF OPERATION 21o. ACCIDENT WAS OR CONTRIBUTING [Iff either, natify med work] 21d. INJURY OCCUMEN While work of work 22a. I certify the saw the de causes state	DUE FICANT CONDITIONS CO FICANT CONDITIONS	TIME OF INJURY OFFICE BUILDING, ETC. AT HOME, FARM, STREET, FAM. AT HOME, FARM, STREET, FAM. OFFICE BUILDING, ETC. AT HOME, FARM, STREET, FAM. OFFICE BUILDING, ETC. AT HOME, FARM, STREET, FAM. OFFICE BUILDING, ETC.	OT RELATED IN TIGHT (CTORY,) 21f. L	teriosc THE TERMINA The hemip 20a. AUTO YES OW INJURY OC OCATION Street Sept. d that in (m death. ATTENDIA 22a. ADI	Lerotic L DISEASE OR CO aresis DPSY? NO E CURRED (Enter of the color of the co	20b. IF CAUSES noture of injur City , ta_Sian death a	YES, WERE FINDII OF DEATH? y in Port 1 or Po ar Town ept. 24	NGS CONSI	idered in (in 18.) in 18.) i	State State (we) las and fram th	
rise ta immediate of stating the underly last. PART 2. OTHER SIGN Old C 19a. DATE OF OPERATION 21o. ACCIDENT WAS OR CONTRIBUTING (If either, natify med 21d. INJURY OCCURR While Not while at work of wark 22a. I certify th saw the de causes stat 23d. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION.	DUE FICANT CONDITIONS CO FICANT CONDITIONS	TIME OF INJURY P.M. (AT HOME, FARM, STREET, FAM OFFICE BUILDING, ETC. (d) Hypertensi ONTRIBUTING TO DEATH BUT N OFFICE BUILDING, ETC. (d) (did) (DDDD) view the	OT RELATED TO THE PROPERTY OF	terios c THE TERMINA THE TERMINA TO THE TERMINA TO THE TERMINA THE MAIN TO THE TERMINA THE MAIN THE MAIN THE	Lerotic L DISEASE OR CO aresis DPSY? NO E CURRED (Enter of the color of the co	20b. IF CAUSES noture of injur City , ta Sian death a	YES, WERE FINDII OF DEATH? y in Port 1 or Po ar Town ept. 24 STAFF PHYS.	NGS CONSI	idered in (in 18.) in 18.) i	State State (we) last and from the	
rise ta immediate of stating the underly last. PART 2. OTHER SIGN Old C 19a. DATE OF OPERATION 21o. ACCIDENT WAS OR CONTRIBUTING Iff either, natify med 21d. INJURY OCCURR While Not while twork of work 22a. I certify the saw the de causes state 23d. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, REMOVAL (Specify) BUT 1 al	FICANT CONDITIONS CONTROL OF CONDITION OF CO	TO, OR AS A CONSEQUENCE OF (c) Hypertensi ONTRIBUTING TO DEATH BUT N PROMODOSIS WITH FOR WHICH OPERATION WAS PE TIME OF INJURY JR A.M. Month Day Year P.M. INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC. (a) attended the decease (c) (did) (about) view the (did) (did) (about) View the (did) (d	OT RELATED TO THE PROPERTY OF COMMENT OF COM	teriosc THE TERMINA The hemip 20a. AUTO YES OW INJURY OCC OCATION Street Sept. d that in (m death. ATTENDIA PHYS. 22e. ADE C CREMATORY	Lerotic L DISEASE OR CO aresis DPSY? NO (CURRED (Enter of the control of the	20b. IF CAUSES noture of injur City , ta S ian death a D. D. CECTOR ad Stat 23d. LOCATIO Rural	YES, WERE FINDII OF DEATH? y in Port 1 or Port or Town STAFF PHYS. X CCUrred an the STAFF PHYS. X CCUTY or Town) Fruitlar	NGS CONSI	idered in (in 18.) ounty in 18.) ounty in 18.) ounty in 18.) in 18.)	State State State State State	
rise ta immediate of stating the underly last. PART 2. OTHER SIGN Old C 19a. DATE OF OPERATION 21o. ACCIDENT WAS OR CONTRIBUTING Iff either, natify med 21d. INJURY OCCURR While While of work 22a. I certify the saw the de causes stat 23d. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, REMOVAL (Specify) BUIL 1 al 24. FUNERAL DIRECTOR	DUE FICANT CONDITIONS CO FICANT CONDITIONS CO FICANT CONDITIONS CO FICANT CONDITIONS CO FICANT CONDITION 19b. CONDITION 19b. CONDITION HOLICAL A (this haspite ceased alive an ed abave, (weel) C. H. Win 23b. DATE Sept. 27	TO, OR AS A CONSEQUENCE OF (c) Hypertensi ONTRIBUTING TO DEATH BUT N PROMODOSIS WITH TOMBOSIS WITH TOMBOSIS WITH THE OF INJURY OR A.M. Month Day Year P.M. 1. INJURY (AT HOME, FARM, STREET, FAM OFFICE BUILDING, ETC. al) attended the decease Sept. 21 (did) (ADDS) view the Dacott, M. D. 23c. NAME OF	OT RELATED TO THE PROPERTY OF COMMENT OF COM	teriosc THE TERMINA The hemip 20a. AUTO YES OWNINJURY OCC OCATION Street Sept. d that in (m death. ATTENDIN PHYS. 22e. ADD C CREMATORY	Lerotic L DISEASE OR CO aresis DPSY? NO (CURRED (Enter of the control of the	20b. IF CAUSES noture of injur City , ta S ian death a D. D. CECTOR ad Stat 23d. LOCATIO Rural	YES, WERE FINDII OF DEATH? y in Port 1 or Port or Town STAFF PHYS. X Let Hospi N (City or Town) Fruitlar 25b. REGIST	NGS CONSIDER OF 2, Item Consider of 2, Item Consider of 2, Item Consider of 2, Item 22c. DATI 9/ Ltal;	idered in (in 18.) ounty in 18.) ounty in 18.) ounty in 18.) in 18.)	State State State (we) last and fram the state) Share Share Share	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fune director, page 3 should be detached for use os the buriol-tronsit permit. Then please remove carbon papers. Pages 1 of should be filled with the Stote Dept. of Health prior to buriol, cremotion, ar removal, and in any event, within 72 hours after the content of the cont VR A15 (4) 30M REV. 1.68

executed within 24 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death continuers

Page 4 may be retained by the haspital or attending physicion.

PARSAS E Co 2 04 Tolksbury | Description Bend Selita Hope, Latting August 10. More American Selection Se seed of walking the first the first passenger and any autocase brate to Private State in the Parish States and Deligible 1997 and States and States and States and States and sirvitors

STITE

in the grant product of the constraint of the co

alternatives of it will willoword; femotion of

discretoro restre work Larges S

G. M. Widmiconto, J. F. F. F. Door's Head State Margital, Unilabert

 13664 DIVISION OF VITAL REC

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1300	:#:	MEDI	CAL EXAN	AINER'S	CERTIFI	CATE	OF DI	EATH			1	36	75	
1. DECEASED-NAME First (Type or Print) ERNES			First Middle			Lost				20. DATE KNOWN Month D				Yeor	2b. HOUR
			NEST WRIGHT		1T	PARSONS				MATED	9/	11	1968	3:50M	
3. SEX 4. RACE			5. DATE OF E	IRTH	6. AGE (In year	s IF UND	ER 1 YEAR	IF UNDER			RONOUNCED				2d HOUR
	Male	White	May 9	, 1907	61 Y	RS. MONTHS	DAYS	HOURS	MIN.	Sept	ember	Day 1	Ye	1968	3:50 M
7a. l	BIRTHPLACE (Stot	e or foreign	7b. CITIZEN OF V	HAT COUNTRY?	8. /	MARRIED [NEVER MAI	RRIED	9. COU	JNTY OF DE	HTA	100	+189		
country					VIDOWED DIVORCED WICOMICO						Md				
TO. CIT ON TOWN OF DEATH					TION (If not in hospital 120. USUAL OCCUPATION (Kind of work de						rk done				
	Salisl			ninsula						f working li			INDUST	blic	School
	USUAL RESIDENA dmission) STATE		osed lived, if inst	tution: Residence	before 13c. C	TY OR TOWN	13	d. INSIDE CITY	LIMITS?	13e, STREE	T AND NUM	BER			
- 00	dillission) STATE	Marylar	nd 13b. COUNTY	Wicomico	Sa	1 isbu	ry	YES 🔲	NO 🗌	Har	tford	Roa	d	1	
14. F	ATHER'S NAME	First	Midd	le	Lost	1s. MOT	HER'S MAI	DEN NAME	First		Mid	ldle		Lost	
		Danie1	Jame	s Pa	arsons			Mi	nnie				Poul	sen	
	WAS DECEASED EV			16b. SOCIAL SEC		17. INFORA	MANT (Ni	iece)		100	ADDRES	5710	0ak	Hi 11	Ave.
(1	NO	VII) {IT yes giv	ve war or dates of service	216-14-	-2837				Sem	eler,					
N	18. CAUSE OF	DEATH (Enter o	nly one couse per	line for (o), (b),	ond (c).)									APPROXIMATE	INTERVAL
0	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) Acute concestive heart failure									1	between onset and death				
	4/29 DUE TO, OR AS A CONSEQUENCE OF											I O W I I			
												vear	a		
	rise to immediate couse (a), (b) AFFORT CONTROLLE CAPTULO VASCULAR CINEDAL CONTROLLE CAPTULO										_	yoars	3		
	stoting the underlying couse DUE TO, OK AS A CONSEQUENCE OF										1 4				
18	DART O OTHER	(c)													
7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)														
MEDICAL CERTIFICATION	190. DATE OF O	PERATION		19b. CONDITION FOR WHICH (OPERATION						2	O. AUTOPSY	?
IFIC				ORMED?								YES 🗍	NO PA		
CERT	21o. EXTERNAL (CAUSE WAS	21b. TIME C	F INJURY Month, I	Doy, Yeor	21c. HOW	INJURY OC	CURRED (E	nter notu	re of injury in Port 1 or Port 2, Item				- Luci	
CAL	PRIMARY O	R CONTRIBUTING	HOUR.	HOUR A.M. P.M. 19				•				- 4			
MED	21d. INJURY OC		PLACE OF INJURY			21f. LOCATI	ON Street	or R.F.D. No).	City	or Town	7	Cour	nty	Stote
	WHILE N	OT WHILE C	octory, office build	ing, etc.)					1.50	city (3.010
		T WORK		.1	21 1 1	1.11					77 (7	1.1	
1			took charge of							spectian [quiry X		and in m	y opinian
19	death re	sulted from;	Natural ca	uses X, A	ccident	Suicide	₽ 🔲,	Homicio	de 🔲,	, Undet	ermined	monner			
	ACTUAL	121	1				CHII	EF MEDICAL	EXAMIN	ER					
	SIGNATURE	00	~ · ~	19			H.D.	ISTANT MED			and the same of th	22b. DATE			
	EXAMINER'S		L. Royer					UTY MEDIC				Sep	t	13/19	968
	NAME (Type)	409 Ca	amden Av					RESS(Stree	t, city, to	own, or cour	ıty)				
230.	BURIAL, CREMA	4.3	D. DATE		AME OF CEMETE	RY OR CREM	ATORY	1	23d.	LOCATION	(City or Tov	vn)	(Count	y) (S1	ote)
3	REMOVAL (Special Buria		pt. 14,1	968 Par	sons C	emete	ry	100		lisbu			ico,	Mary	and
24.	FUNERAL DIRECT		OMDANY	CALTODIN	ADDRESS	VI AND		2So. REC			2Sb. R	clia	SIGNATI	Out	
	HOLLO	WAT & CL	OMPANY,	24 LT 2 ROI	KI, MAR	TLAND		DATE S	EL T	6 19	00		rug	00	

VR A15ME (5)

CHARLES AND CHEST AND THE PARTY OF THE PARTY

THE HTTE

and the second

MARYLAND STATE DEPARTMENT OF HEALTH

avaet

13677 Part of the Control o

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201, 13678 13667 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2o. DATE OF DEATH Lost death. within 24 haurs after death and (Type or print) unera MARRI 4 RACE 5. DATE OF BIRTH 3. SEX 6. AGE (In years IF LINDER 1 YEAR and campletely filled in by the T lost birthday) DAYS MONTHS NOURS 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED carban papers DIVORCED [Wicomico WIDOWED O. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) eninsula General Hospital MECHANIC **INDUSTRY** Salisbury 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? YES 🗍 NO X signed by the attending physician and co burial-transit permit. Then please rema burial, crematian, or remaval, and in any 14. FATHER'S NAME Middle First Lost 1S. MOTHER'S MAIDEN NAME First Middle ZABETH law requires that the death certificate 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, to br unknown) If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: CARCINGINA META-STATTC IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF PROSTATE -CAMCINOMA Conditions, if ony, which gove; rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o). as the O FUNERAL DIRECTOR: After this certificate has been priar ta CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING PHYSICIAN: The CAUSES OF DEATH? 9-5-68 ASCITES YES 🗍 use of Health by the haspital ar 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) detached far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) State Dept. (AT NOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote OFFICE BUILDING, ETC. While Not while of work OR ATTENDING 22a. I certify that (I) (this haspital) stended the deceased from 8 - 2-4 . 19 68 to 1968, and that in (my) (por) apinian death accurred an the date and haur and fram the saw the deceased alive on... be retained director, page 3 shauld causes stated abave, (1) (and faid nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (Stote) 23a. BURIAL, CREMATION (County) BERLIN TAVLORVILLE 2So. REC'D BY REGISTRAR **FUNERAL DIRECTOR** VR A15 1968 30M REV. 1968

87381 million a superior million of the part of the pa 1965 Abrox 1965 1865 August 1965

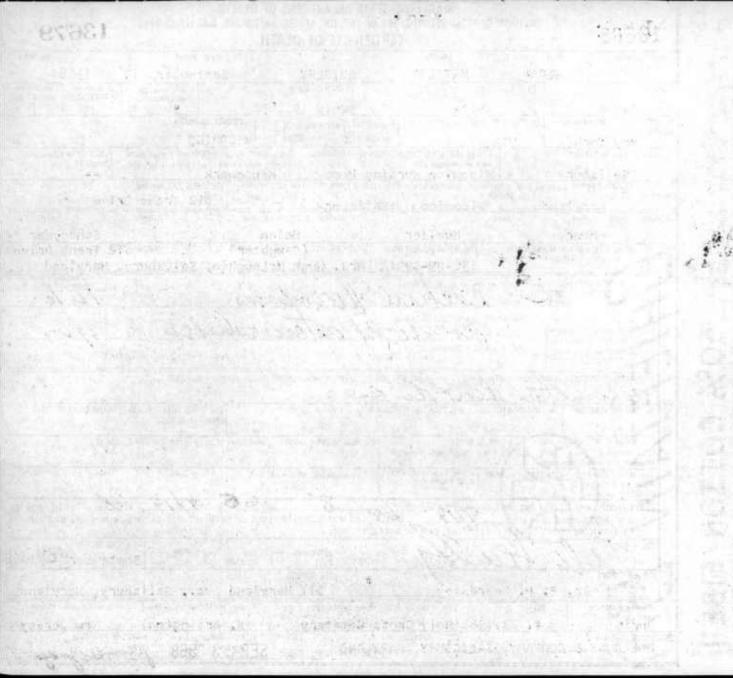
13668

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13679

j.	_ 7.			CEASED-NAME First		Middle		Last		2a. DATE OF		115		2b. HOUR
ecuted within 24 hours ofter deoth	ond 2 deoth.		(1	ype ar print) MAR	THA	MATILDA	Q	UIGLEY		Sept	Manth	1 ⁹ 9	⁴ f 968	
ler.	手 湯		3. SE	X	4. RACE		9	. DATE OF BIE	RTH		6. AGE (In year	ars IF		HOURS MI
o of	二個具	10		Female		nite		July 1	9,1878		last birthday	YRS. MUP	(IH) DATS	HUUKS MII
OGL.	6	20	7a. E	BIRTHPLACE (State or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED			9. COUNTY OF	DEATH	- 13	-	
4 h	d in		caur	New York	USA		WIDOWED 2			WICOMIC	00			- 1
in 2	pap	00	1D. C	ITY OR TOWN OF DEATH	11. N	AME OF HOSPITAL OR IN	TITUTION (If nat	in haspital			(Kind of work		12b. KIND OF B	USINESS OR
vith	completely filled ove corbon pape y event, within 7	70		Salisbury	Wi	street address) COMICO Nut	sing H	ome	Hou	seworking sework	life, even if re	tired.)	INDUSTRY	
pa	corl ent,	22	13a.	USUAL RESIDENCE (Where decear	ed lived, if institut	rian: Residence befare	13c. CITY OR T	OWN	13d. INSIDE CITY LIA		REET AND NUM	_		
cut	omic ove	da	uairii	Maryland	ISB. COUNTY	/icomico	Salis	bury	YES NO	□ 6	2 Iren	e Dri	ve	
77	remo in any		14. F	ATHER'S NAME First	Middle	Last	15.	MOTHER'S MA	IDEN NAME FI	rst	Mi	iddle		Last
2	di in			Henry		Mueller			He1en				Schro	
(p)	and		16a.	WAS DECEASED EVER IN U.S. AR	AED FORCES? var or dates of service)	16b. SOCIAL SECURITY				er)			Irene	
1	Phy en povol			es, na, ar unknawn) (If yes give v		138-09-199	1A Mr	s. Hug	h McLa	<u>ughin,</u>	Salisb	ury,	Maryla	nd
60	BE E			1B. CAUSE OF DEATH (Enter or	ly ane cause per li		016	1	1	1				ATE INTERVAL SET AND DEATH
ed th	nit.			PART 1. DEATH WAS CAUSE	D BY: ATE CAUSE (a)	erelin	el TI	100n	100 50	1			100	12:
res that the death sicign.	ottendii permit. on, or re			4337	DUE TO, OR	AS A CONSEQUENCE OF	1 1	-	_	1	,			
ŧ	the sit noti			Canditians, if any, which gave rise to immediate cause (a),	(b) 7	Hverle	red	ante	ne s	aleu	Blo	365	you	7 1
tho m.	by rran			stating the underlying cause	DUE TO, ON	AS A CONSEQUENCE OF	0 (/	
res.	signed by the burial-transit burial, cremot			lost. 3324	(c)									
equi ph)				PART 2/OTHER SIGNIFICANT CO	VOITIONS CONTRIBE	TING TO DEATH BUT N			L DISEASE OR CO	ONDITION GIVE	N IN PART 1(a)	0.00		
w r ling	s been os the prior to		NO	allenel	wer be	ert uc	les							
e lo	icate has been for use os the Heolth prior to	V	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WI	IICH OPERATION WAS PE	RFORMED	2Da. AUTO			YES, WERE FIN	DINGS CONS	IDERED IN CER	TIFYING
토호	cate ha or use Heolth		RTIF	ACCIDENT MAS UNDERLYN	io last suis a		la na	YES	NO 🗌					
AN:	icate for us Heolt			21a. ACCIDENT WAS UNDERLYIF				W INJURY OCC	URRED (Enter	nature at inju	ry in Part 1 ar	Part 2, Item	1 B.)	
Spite	ed to		MEDICAL	(If either, natify medical exami	ner) P.M.	1)						6	-
무유	ach ach ept	722	2	21d. INJURY OCCURRED 21e While Not while	PLACE OF INJURY	AT HOME, FARM, STREET, FA	.10kt.) 21t. LOC	ATION Stree	t or R.F.D. Na.	City	ar Tawn	(Caunty	State
S =	r th det te D	-1		at wark at wark	· 1 · · · · · · · · · ·	1.174	1.6	8	10	5 500	01/16	10-5	, that	(1) () 1
P A	Afte be Sto		40	22a. I certify that (I) (the saw the deceased of	lis hospitol) off	ended the deceds	and				occurred on	the dote	and hour a	nd fram t
TEN	the			causes stated abov	e, (1) (we) (flid)	(did not) view the	body after d	eath.	, , (aoi, opii		00001100 011	THE GOTE	ona noor a	na nam i
AT	S S S S S S S S S S S S S S S S S S S			226 SIGNATORE	100.	0/1		ATTENDIN	IC M	ED.	STAFF	22c. DAT	E SIGNED .)
De be	DIRECTOR 3e 3 shou led with th	e Y	127	(hills	all	08/	DEGRE	E PHYS.	LJ DI	RECTOR L	PHYS.	Sept	ember	0/19
FAL	AL Page	1		22d effysicion's (NAME(Type) D = 5		/		22e. ADD			21185			
Page 4 moy be	director, page 3 should should be filed with the	1	,	UI . E	M. Bear				Maryl		e., Sal			
HO 1ge	Fired bound		230.	DEMOVAL (F : L.)	DATE	The second second	CEMETERY OR C				ON (City or Tow		(Caunty)	(State)
59	5 <u>p</u> 2≥			REMOVAL (Specify) Burial Se	ot. 23,19	68 Holy Ci	oss Ce	metery	ac and -	N. Ar	lington	,	New J	ersey
	VR A15	(4)	24.	FUNERAL DIRECTOR HOLLOWAY & CO	MPANY SA	ADDRESS ALTS BLIRY		n	2So. REC'D B'			SISTRAR'S SIG		
	30M REV.	1/68			11711119 07	LLIODON 1	THE PERMIT		DATE OL	P 2 3	1968	young	reas you	der.



an Pocomoke City, Ma DATESEP

25a. REC'D BY REGISTRAR

18

1968

VR A15 (4) 30M REV. 1/68

08861 Generalizat varianomoters SHEART Edvanted Surveydo Wednest Corner Salesting red C. SEP I K. 1969 Person William

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120113681 13670 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR 24 hours ofter death (Type ar print) 3. SEX 4. RACE 6. AGE (In years IF LINDER 1 YEAR lost birthdoy) MALE DAYS SHTINOM HOURS filled in by 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Wicomico DIVORCED [WIDOWED A Md. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Hospital most of working life, even if retired.) Salisbury INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 3e. STREET AND NUMBER 14. FATHER'S NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes. no, or unknown) (If yes give war or dates of service) requires that the deoth certific offending physical lines of or removal, 0-01-121 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) cremation, DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave signed by the buriol-tronsit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been Dept. of Health prior to the 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED Enter nature of injury in Part 1 or Port 2/Atem 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION City or Town State OFFICE BUILDING FTC While Not while at wark at wark 22a. I certify that (I) (this hospital) ortended the deceased from and that in (my) (our) opinion death occurred on the date and have and from the saw the deceased alive on. be retained causes stated obove, (1) (we) (did (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 11 DEGREE director, poge should be filed PHYS. DIRECTOR PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE CEMETERY OR CREMATORY (Stote) 2Sa. REC'D BY REGISTRAR

Market Market 19 1988 F. TOB

SPACE OF THE PROPERTY OF THE P severy strong both 118.988

3

within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

13672

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13683

			CEIVIIII	CAIL OI	PLAIII						
1. DECEASED-NAME	First	Middle		Last		2a. DATE OF			v	2b. H0	OURP
(Type ar print)	Leslie	John	Ri	nnier			Manth	Pey	1968	12:	12M
3. SEX	4. RACE		1-,	5. DATE OF BIR	RTH		6. AGE (In years	IF UND	ER 1 YEAR	IF UNDER 2	
Male	White	e		11-26-	-1896		last birthday)	RS. MONTHS	DAYS	HOURS	MIN.
7a. BIRTHPLACE (State country) Pennsy	II Q	WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARK		9. COUNTY OF					Md
10. CITY OR TOWN OF	DEATH 11.	NAME OF HOSPITAL OR					(Kind of work do			BUSINESS (DR
Salisbur	giy	street.oddress) eninsula	General	Hospit	al Sa	les & R	ental (r	et) X	utom utom	obile	е
13a. USUAL RESIDENCE admission) NIAIE	(Where deceased lived, if institution and 13b. COUNTY		Salis		YES N		W. Unio		• ,		
14. FATHER'S NAME	First Middle	Last		S. MOTHER'S MA			Middle			Last	
Lea	inder Blai:	r Rinnie	r		Eli	zabeth		M¢	.Don	ald	
16a. WAS DECEASED EX Yes, na, ar unknawn	/ER IN U.S. ARMED FORCES?	16b. SOCIAL SECURIT		INFORMANT	- (6)	4-41	Address			1/2	
Yes	W.W.I	214-10-7	764	Mrs. Ke	enneth	R. Hei	nekin, S	ec 13	160000		
	EATH (Enter anly ane cause per TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line far (a), (b), and	Tras	Thr	coul	osis)		BETWEEN O	NATE INTERVA	J,
4/2	DUE TO, OF	AS A CONSEQUENCE)F ^	1 4	. 0	0.	1		111	2. /	1
Canditians, if an		Orle	repad	Lexale	ala	rollove	seulan	Dks.	9	رعا	
stating the und		R AS A CONSEQUENCE O	OF ()	DOI	the.	2.0	,	,	4-	+	
last.) (c)	Car.	evica	yacı	Luc	week	roses		<u> </u>	yo	<i>a</i> ,
4221	IGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED 1	O THE TERMINAL	DISEASE OR	CONDITION GIVE	N IN PART I(a)			0	
19a. DATE OF OPER	RATION 19b. CONDITION FOR V	VHICH OPERATION WAS	PERFORMED	20a. AUTOF	NO [CALISES	YES, WERE FINDING OF DEATH?	GS CONSIDE	RED IN CI	RTIFYING	
	21011111	OF INJURY 1. Manth Day Ye		IOW INJURY OCC	URRED (Ente	er nature af inju	y in Part I ar Part	t 2, Item 18	B.)		
OR CONTRIBUTING	medical examiner) P.M	١.	19		200					12.774	
While Nat w	ark —	(AT HOME, FARM, STREET, OFFICE BUILDING, ETC.		0 1	t ar R.F.D. No	i. City	ar Tawn	Cau	nty	Ste	ate
ent was	that (I) (this haspital) a deceased alive ant tated abave, (I) (we) (div	SUNDA I (A	19 (O Togr	id thlatin (my	, 19 <u> </u>	07, ta <u>×</u> inian death o	wred on the	19 <u>60</u> date an	, that d haur	(l) (we and fran) last m the
22b. SIGNATURE	Pudeos	Gordu	DEG	ATTENDIN	G 🔀 [MED.		22c. DATE S 9-18-		3	
22d. PHYSICIAN'S NAME (Type		Gardner M	E.	22e. ADDI Sa.	RESS Lisbur	y, Mary	land				
230. BURIAL, CREMATI	ON, 23b. DATE	23c. NAME (F CEMETERY OF	R CREMATORY			ON (City ar Tawn)	,	unty)	(State)	
REMOVAL (Specify Buria	1 9-19-190		sons Ce	metery			sbury, W			laryl	and
24. FUNERAL DIRECTO Hill Fun	eral Home Sal	isbury, M			2Sa. REC'D E	BY REGISTRAR	2Sb. REGISTR	AR'S SIGNA		448	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death. Page 4 may be retained by the haspital or attending physician. VR A 5

TRACE TO THE PROPERTY OF THE P into a cost the market was the last of the first terminal along in the Like and the late of the late Clinical in the grant was a second of the state of the second of the sec of our decreed as been been better the tip all the second of the state of the state of J. P. Landerson State Office Care Control of the Contro And the Control of th The state of the s

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13684	
-------	--

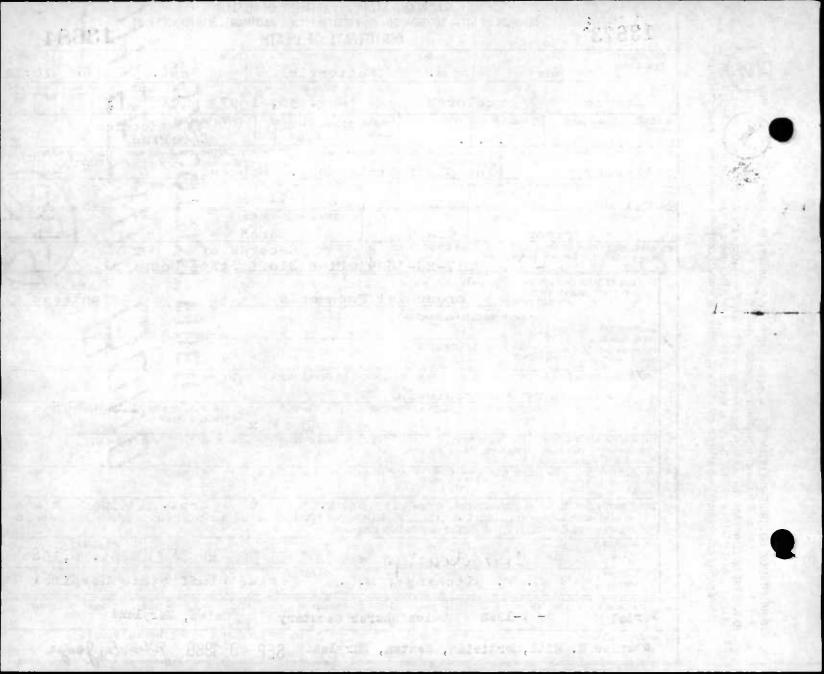
	20000		(EKITTICA	ALE OF DEATH	1		TOOC) '
	ECEASED-NAME First		Middle		Last	2a. DATE	OF DEATH		2b. HOUR
(Type or print) Ma	ary	Μ.	Sat	terfield		Sept. 5Doy	1968	10:1
3. S	EX	4. RACE		5	. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	female	cole	ored	X III	Aug. 30,		last-highday)	MONTHS DAYS	HOURS MIN.
70.	BIRTHPLACE (State ar foreign	7b. CITIZEN OF WHAT (COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY	OF DEATH Wicom	ico	
	aryland	U.S.A.	•	WIDOWED [DIVORCED [Canoline		M
10.	CITY OR TOWN OF DEATH alisbury	give street	OF HOSPITAL OR INS toddress) Blanff				ON (Kind of work done ing life, even if retired.)	12b. KIND OF E	BUSINESS OR
130.	. USUAL RESIDENCE (Where decea	sed lived, if institution:			OWN 13d. INSIDE CIT		STREET AND NUMBER		
	nission) STATE arvland	136. COUNTY	roline	Ridge	l.v.	NO 😡	-	95 1 3	
	FATHER'S NAME First	Middle	Last		MOTHER'S MAIDEN NAME	E First	Middle		Last
	Harris	on	Clark		Sar	cah		Sm	ith
160	. WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b	o. SOCIAL SECURITY N	IO. 17. IN	ORMANT Reco	ords o	f Address		
,	Yes, na, ar unknawn) (If yes give	_ 2	17-28-3	809	Pine Blui	ff Sta	te Hospit	al	
	18. CAUSE OF DEATH (Enter of				111111111111111111111111111111111111111	DC:			NATE INTERVAL NSET AND DEATH
	PART I. DEATH WAS CAUSI	ED BY: IATE CAUSE (a)	Bronchi	al Pn	eumonia	345-14		unkn	lown
	011.9	DUE TO, OR AS A			The state of the s				
	Conditions, if ony, which gave								
1	rise ta immediate cause (a), stating the underlying couse	0115 70 00 45 4	CONSEQUENCE OF	- 70.65				3 - 1 -	
	lost. 0021) (c)							
	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEASE C	OR CONDITION G	SIVEN IN PART 1(o)		
N		ary Tuber							
CERTIFICATION	190. DATE OF OPERATION 196	. CONDITION FOR WHICH C	OPERATION WAS PER	RFORMED	20a. AUTOPSY?	CAL	o. IF YES, WERE FINDINGS CO USES OF DEATH?	ONSIDERED IN CE	RTIFYING
RTIFI						X			
	210. ACCIDENT WAS UNDERLYI		IURY Nonth Day Year	21c. HOV	Y INJURY OCCURRED (E	nter nature of i	injury in Part 1 ar Part 2, I	item 18.)	
MEDICAL	(If either, natify medical exam	niner) P.M.	19						
W	at work at work	PLACE OF INJURY (AT HOFFI					City or Town	Caunty	State
н	22a. I certify that (t) (t)	nis hospital) ottende	ed the decease	ed from Se	pt. 5 , 19	68, ta_	Sept. 5, 19	68, that	(We) la
	couses stated abay	alive on Sept ext) (we) (did) (did	view the	body after de	thot in (1964) (our) ceath.	opinion deal	th accurred an the do		and from th
	22b. SIGNATURE	Enri	tekin	DEGRE		MED. DIRECTOR		pt. 6,	1968
	22d. PHYSICIAN'S NAME (Type)	E. P. Ri	tchings	M.D	• 22e. ADDRESS P	ine B	luff State	Hospi	tal
230	BURIAL, CREMATION, 23b.	DATE 9-1968	23c. NAME OF		REMATORY Cometery	23d. LOC	ATION (City or Town)	(County)	(State)
24.	FUNERAL DIRECTOR Charles W. M.	111 Mertici	ADDRESS	on Mar		D BY REGISTRA		SIGNATURE CONTRACTOR	48
	The Man in a Man	TTT JUNET OTOT	ma, mont	y 21302.2	yland DATSE		000	1	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely the directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon should be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, with

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician.

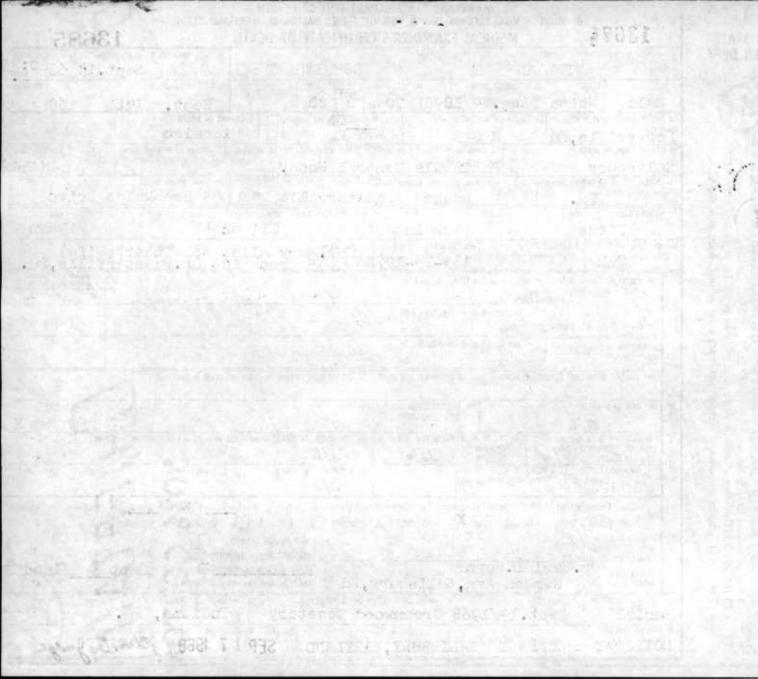
13672

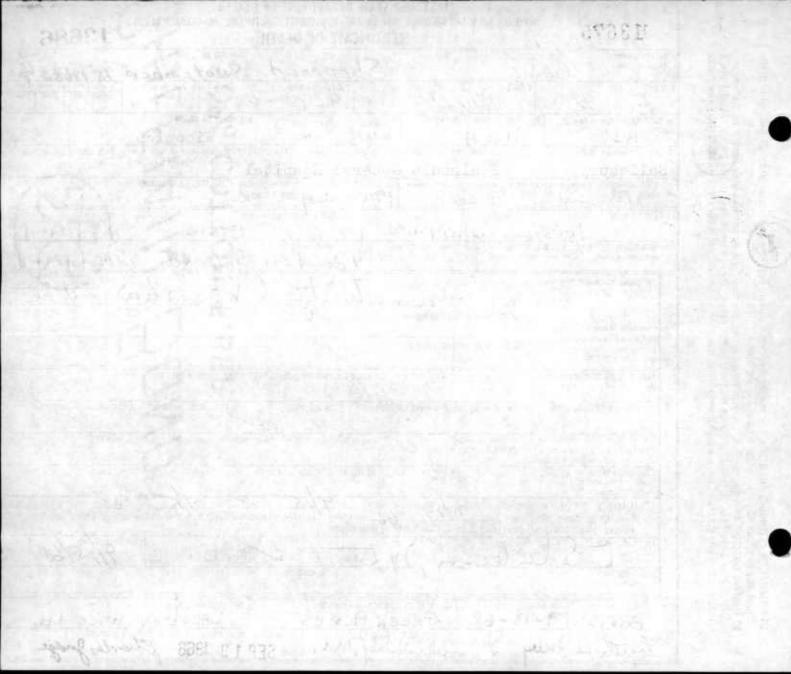
VR A15 (4) 30M REV. 1 64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First 20. DATE KNOWN (Type or Print) MALLITIW SCHWINHART Sept. 14 168 DEATH MATED 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 3 SEX 4. RACE S. DATE OF BIRTH 2d. HOUR ast birth Male White Aug. 24/1898 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Perryville, Md

10. CITY OR TOWN OF DEATH Wicomico DIVORCED [USA 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done | 12b. KIND OF BUSINESS OR during most of working life, even if retired.) Peninsula General Hosp Salisbury 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY #45 Brookside Drive Feasterville NO after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Titus Schwinhart Elizabeth Wilson pages hours PA #45 Brookside Dr. Feasterville, Pa. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil (Yes, no, or upknown) 189-18-1972A File .= be executed 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), This certificate should writing the ward DUE TO OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate, YES NO X 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21f, LOCATION Street or R.F.D. No. 21d, INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote factory, office building, etc.) 5 may be retained far yaur O FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK N/A 22a. I certify that I taak charge of the remains described above, held an Autopsy 7. Inspection X. and in my apinian Inquiry 7 Natural causes A., Accident . Suicide death resulted from Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER Dr. Earl L. Royer DEPUTY MEDICAL EXAMINER Sept Health 409 Samden Ave. Salisbury, Md ADDRESS(Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) - (County) (Stote) Sept.19/1968 Greenwood Cemetery Indiana, Pa. 24. FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE HOLLOWAY & COMPANY SALISBURY, MARYLAND DATE SEP 1 7 1968 VR A15ME (5)





13676 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13687CERTIFICATE OF DEATH 1. DECEASED-NAME First Lost 2o. DATE OF DEATH (Type or print) 3. SEX 6. AGE (In years lost birthday) 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Wicomico U.S.A WIDOWED [DIVORCED [DELAWARE 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR General Hospital of working life, even if telired.) INDUSTRY Salisbury Rheem Mig PRESS OPERATOR 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 186. COUNTY 14. FATHER'S NAME Middle Lost requires that the death certificate be 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no. or unknown) I (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH 40UTO IMMEDIATE CAUSE (o' Conditions, if ony, which gove) signed by the burial-tronsit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE stating the underlying couse ntdomina PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **TO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detached for use as the should be filed with the Stote Dept. of Health prior to 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 9-24-68 YES T be retained by the hospitol or 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while of work 22a. I certify that (I) (this hospital) ottended the deceased from..... 9-16-, 19 65, ta 9-25-, 19 65, that (1) 9-25 1962, and that in (my) (our) apinian death occurred on the date and hour and fram the saw the deceased alive an___ causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23o. BURIAL, CREMATION FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 DA OCT 1 1968

TA TOPLES AND STORES TICOS CANCELLIN SELECT AC THE CLASSES IN THE TANK AND THE RESERVE OF THE PARTY OF Lead to the Konth Linear Asharden All I - 1969 Working Many

FOR STATE HEALTH DEPT.

pages 1 and 2 with the State Depart

Health priar to burial, cremation, ar remaval, and in any event within 72 hours after death.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral disertor Page 8, character has been assessed to be formed as the funeral disertor page 8, character has been assessed to be formed as the ner's Office alang with farm the funeral directar. Page 4 shauld be farwarded to the Chief Medical TX TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. 5 may be retained far yaur files. TO DEPUT

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13677

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13688

	CEASED-NAME ype or Print)	First		Middle	Last		20. DATE KNOWN MO		
		JOHN		DWARD	SPENCI		DEATH MATED 7	-2-68 19 7:25	D'N
3. SE		4. RACE	S. DATE OF BIRTH	6. AGE (In ye		IF UNDER 24 HRS	Tr. Drift I WOMODINGED DEV		
	M	AA	5-25-11	- 54	YRS.		Month 9 Doy	2 Year 1687:2	5N
7a. B count	IRTHPLACE (State	te or foreign 7	b. CITIZEN OF WHAT COL		MARRIED NEVER MA		COUNTY OF DEATH		
	AC		4.24			ORCED 🗌	Wicomico		Me
10. CI	ITY OR TOWN C		11. NAME OF	HOSPITAL OR INSTITUT	TION (If nat in haspita		OCCUPATION (Kind of work do		2
	Salis		Pei	ddæss) ninsula (Jeneral	-	apover	Form	
130. ad	USUAL RESIDEN	Md.	od lived, if institution: R J3b. COUNTY WOR	esidence before 13c.	ocomoke	YES NO	Desate		
14. F#	ATHER'S NAME	First	Middle	Last	15. MOTHER'S MA	IDEN NAME FI	irst Middle	O / Lost	
	+	Harry		Doencer		200	hie	Kobinson	
160. V (Ye	WAS DECEASED E	VER IN U.S. ARMAD F	ORCES? var or dates of service) 218	ocyfl security no. 2-05-1878	Doreth	a Brow	wo Rt. 3 f	Ecomoke, Md	
	1B. CAUSE OF	F DEATH (Enter only	one couse per line for	(a), (b), and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	H
	PART I. I	DEATH WAS CAUSED	BY: TE CAUSE (a) Ri	tht Hemo	thorax			3 days	
	814	1	DUE TO, OR AS A C		List War (1) A	40000			
		any, which gave)	(b) Ruj	otured D	iaphragm	, right	t	3 days	
	stating the u	nderlying cause	DUE TO, OR AS A C	ONSEQUENCE OF					T
	last.	,	(c)						
	PART 2. OTHER	SIGNIFICANT CONDI	TIONS CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERMINAL I	DISEASE OR CONDI	ITION GIVEN IN PART 1(0)		
MEDICAL CERTIFICATION	190. DATE OF	OPERATION		ONDITION FOR WHICH	OPERATION	MARKET THE	Maria High	20. AUTOPSY?	
Ĭ.			Y V	/AS PERFORMED?				YES NO	
E	210. EXTERNAL	CAUSE WAS	21b. TIME OF INJURY	Month, Day, Year	21c. HOW INJURY O		nature of injury in Part 1 or Part		
DICA	CAUSE OF DEA	TH	9: 30 P.M. 8	-30- ₁₉ 68	Hit by	truck	as crossed	highway.	
ME	21d. INJURY OC		LACE OF INJURY (At hom		21f. LOCATION Street		City or Town	Caunty Stat	е
38	AT WORK	AT WORK	nighway	Rt.	13, 2 m	1. SO.	of Pocomoke	, Wor., Md.	
	22a. 1	certify that I to	ok chorge af the ren	nains described ab	ave, held an Auto	apsy 🗶,	Inspection K, Inquiry	and in my opini	ian
	deoth re	esulted from:	Natural causes	, Accident X	, Suicide ,	Hamicide [, Undetermined man	ner 🔲	
	ACTUAL	1 0	1 ()	/		IEF MEDICAL EXAM			
	SIGNATURE	Kay	1/m	2		SISTANT MEDICAL I		DATE SIGNED	
	EXAMINER'S	Earl L.	. Royer,	C.D.		PUTY MEDICAL EXA		pt. 6, 1968	
	NAME (Type)		nden Ave	7					
1	BURIAL, CREMA REMOVAL (Spe	(ify) 9.	-9-68	23c. NAME OF CEMET	0	n.	23d. LOCATION (City or Town)	(County) (State)	
	FUNERAL DIRECT		C11	ADDRESS		2So. REC'D BY		AR'S SIGNATURE	
Sal	m Sava	age, Net	d Church,	va.		DATE SEF	P 1 1 1968 gc	liarles Judge	

VR A15ME (5) 10M REV. 1/68

The state of the s WASHINGTON TO WARREN The state of the s and the contract of the contra 1 SEP 1 1 1868 Palente Property TO THE RESERVE OF THE PARTY OF

13678

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13689

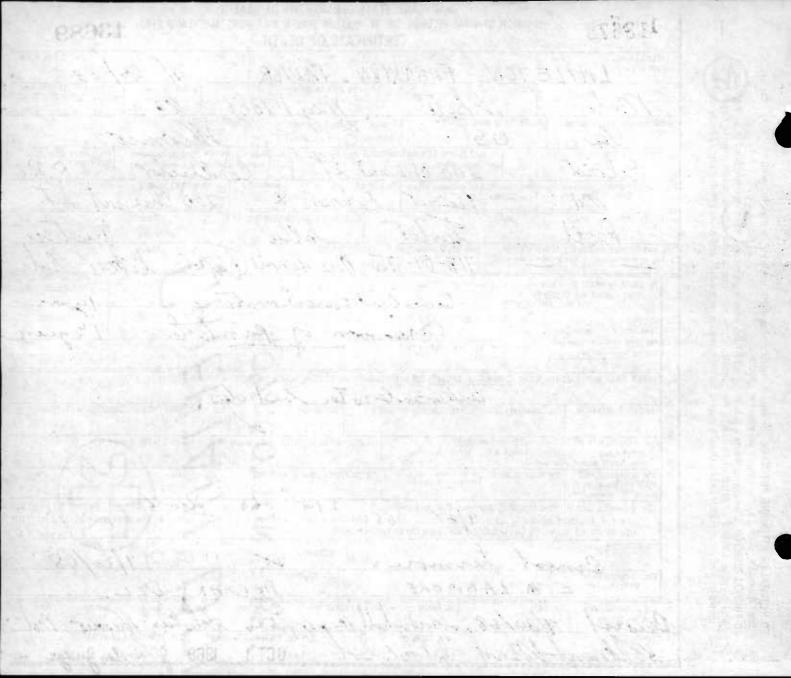
	CERTIFICATE OF DEATH
	TEASED-NAME First Middle Lost 2a. DATE OF DEATH The or print 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
`	LITTLE ION FRAILING /AVIOR 9/ 27/68
. SE	Male 4. RACE 5. DATE OF BIRTH 6. AGE (In years last birthday) whom the last birthday yes. Months Days Hours a
	IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH-
0. (TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working fife, even if letting). 12a. USUAL OCCUPATION (Kind of work dome during most of working fife, even if letting). 11b. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working fife, even if letting). 11c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working fife, even if letting).
	JSUAL RESIDENCE (Where deceosed lived, if institution: Residence before sion) STATE 13b. COUNTY Williams Delsmon YES NO 200 Chernet St.
4. F	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
	WAS DECEASED EVER IN U.S. ARMED FORCES? 10b. SOCIAL SECURITY NO. 17. INFORMANT 179-69-3753 Mrs. Was a service 179-69-3753 Mrs.
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
	Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause (Due TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
	177
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19
ME	21d. INJURY OCCURRED While Of INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State of Work of Work Office Building, ETC.
	22a. I certify that (I) (this haspital) ottended the deceased fram 2/52, 1968, ta deceased, 19, thot (I) (we) sow the deceased alive on 9/27 1968, and that in (my) (our) opinion deoth occurred on the date and hour and from couses stoted obove, (I) (we) (did) (did not) view the body after death.
	226. SIGNATURE Smert farmore DEGREE PHYS. DIRECTOR DIRECTOR PHYS. 9/30/18
	22d. PHYSICIAN'S NAME (Type) E. M. LARMORE 22e. ADDRESS DELMAK, DEL.
1	BURIAL CREMATION 23b. DATE 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (Lity or Town) (County) (State) 15 MOVAL I Specify 4 30 6 8 ADDRESS 25c. REC'D BY REGISTRAR 25b. MERISTRAR'S SIGNATURE

DATO CT

1968

ted within 24 hours after death. and completely filled in by the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical and completely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please sample carbon papers. Pag should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours. Deve Bxecu ro Hospital or Attending PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

VR A15 30M REV.



Deagle and the second 3.23 Demoted Tall Demoted

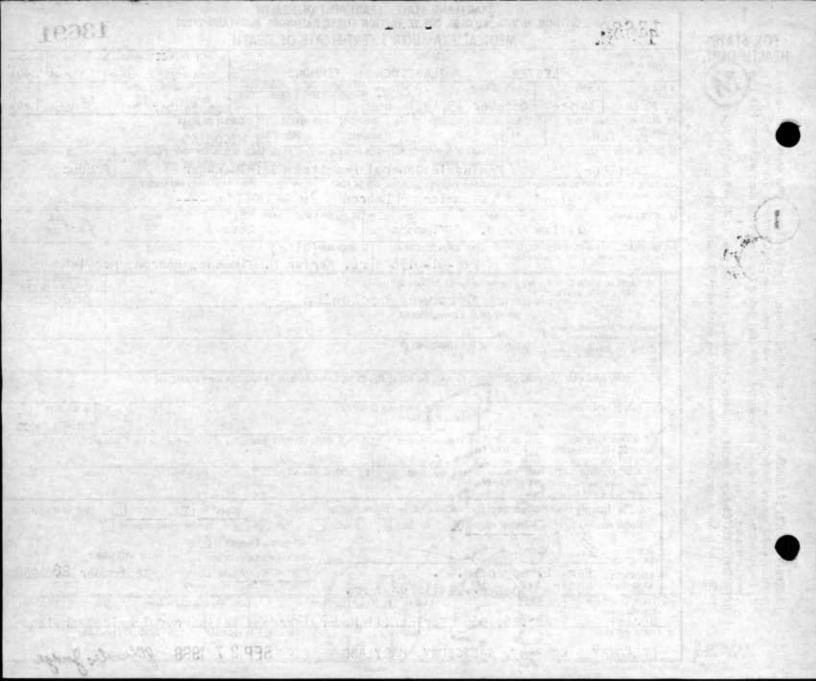
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13691

1. DECEASED NAME	Fire	st	Middle		Last			2a. DATE KNOWN	Month D	oy Yeor	2b. HOUR		
(Type ar Print)	LE	ESTER	GLASSO	OCK	TIMMO	NS		OF ESTI- DEATH MATED	9/24	1968	7:40 M		
3. SEX	4. RACE	S. DATE OF BIRTH	6. AC	GE (In years	IF UNDER 1 YEAR	IF UNDER		2c. DATE PRONOUNCE			2d. HOUR		
Male	White	October	13,1901	t birthday)	MONTHS DAYS	HOURS	MIN.	September	Day 4	Year 1968	7:40M		
70. BIRTHPLACE (Sto	ote or foreign	7b. CITIZEN OF WHAT		8. MA	ARRIED X NEVER A	ARRIED	9. COU	NTY OF DEATH					
country) Mary 1	and	USA		WID	OWED DI	VORCED 🔲	WI	COMICO			Md.		
10. CITY OR TOWN	OF DEATH		E OF HOSPITAL OR I			al 12a. l	JSUAL OC	CUPATION (Kind of we	ark done 12	b. KIND OF BUS	INESS OR		
Salis	bury	Peni Peni	nsula Ger	nera1	Hospita	1 Sa	lesm	f working life, even if anager	retired.)	roduce			
130. USUAL RESIDE	NCE (Where deced	sed lived, if institution	n: Residence befor	e 13c. CIT	OR TOWN	13d. INSIDE CITY	LIMITS?	13e. STREET AND NUN	MBER				
odmission) SIA	Mary1ar	nd 13b. COUNTY Wi	comico	Heb	ron	YES	NO 🗌						
14. FATHER'S NAME	First	Middle	Last		1s. MOTHER'S M	AIDEN NAME			ddle	Last			
	Willia		Timmor	15	101435	-200	Ros	a		Far lov	N		
16a. WAS DECEASED (Yes, no, or unknown			b. SOCIAL SECURITY		17. INFORMANT (100	ADDRE		1, 11 B II			
NO NO	AMASS BIA	2	15-01-017	76	rs. Mari	an M.	Tim	mons, Hebr	on, Ma				
		nly ane cause per line	for (o), (b), and (c)	.)				200		APPROXIMATE BETWEEN ONSET			
PART I.	DEATH WAS CAUS!	ED BY:	coronary	oc.	clusior	1				sudd	en		
410	9	DUE TO, OR AS	A CONSEQUENCE O										
	Conditions, if ony, which gave rise ta immediate cause (a), (b)												
	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF												
last.	last. (c)												
PART 2. OTHER	SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED	TO THE TERMINAL	DISEASE OR	CONDITIO	N GIVEN IN PART I(a)					
× 4201													
19a. DATE OF 21a. EXTERNAL	OPERATION	19	b. CONDITION FOR WAS PERFORMED		ERATION					20. AUTOPSY	(?		
R STEER							-			YES 🗌	NO 🛣		
	OR CONTRIBUTING		URY Manth, Day, Ye	or :	21c. HOW INJURY	OCCURRED (E	nter natu	re af injury in Port 1 o	or Port 2, Item	1 1B.)			
PRIMARY CAUSE OF DEA		P.M. PLACE OF INJURY (At	19		21f. LOCATION Stre	-A D C D N-		C:1		Country	- C		
WHILE AT WORK		actory, office building,	etc.)	77.6	ZII. LUCAIRUN SITE	el di K.r.D. NC		City or Town		County	State		
			. 1 .1		1.11								
		toak charge af the				, ,			quiry X		y apinion		
death	resulted from:	Natural causes	X, Acciden	nt [],	Suicide,	Homici		Undetermined	manner _				
ACTUAL	12/	La.		JE S		HIEF MEDICAL			22b. DATE SI	CNED			
SIGNATURE	Famil I	L. Royer	w D	-	- ITI.D.	SSISTANT MEDIC		MINER L		nber 26	/10/0		
EXAMINER'S NAME (Type	and the second second	THE RESERVE OF THE PARTY OF THE	M. D.					wn, or county)	zebrei	iber <u></u>	1900		
230. BURIAL, CREM	70) 6	amden Ave.	23c NAME OF	CEMETER'	Y OR CREMATORY			LOCATION (City or To	wn) ((County) (S	tate)		
REMOVAL (Spe				- PHILIPPE	CHEMINION!		200.	realition fell of 10	******		10101		
	ecify)			- L - 1 1	l Managar	Comd		a 1 d a h		.,	1 1		
Burial 24. FUNERAL DIRE	ecify)	ept.26,196		ghill tess	Memory	Garde 2So. REC		alisbury, V		.,	land_		

VR A15ME (5)



LE LINDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS econice 12a. USBAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY NE nost at warking life even it retired.) 13e., STREET AND NUMBER Middle Lost Address APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING O FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) director, page 3 should be detache should be filed with the State Dept. County Stote 22a. I certify that (I) (this haspital) arended the deceased from July 1968, ta 34, 1968, that (I) (we) last saw the deceased alive an arended the deceased from the deceased from the saw the deceased alive an arended the deceased from the saw the deceased alive an arended the deceased from the saw the deceased alive an arended the deceased from the dec 22c DATE SIGNED 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Charles 30M REV. 1.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13693 13682 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR_ death pub (Type or print) Month Yeor 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1906 MONTHS OAYS HOURS 62/YRS 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Wicomico DIVORCED [D. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) Salisbury **INDUSTRY** Ho carbon General the ottending physician and completely sit permit. Then please remove carbo Do. USUAL RESIDENCE (Where deceosed lived if instruction: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? low requires that the death certificate be executed NO Jremove 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle First Middle Lost Sara pup 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or whknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ITWILD ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove burial-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the TO FUNERAL DIRECTOR: After this certificate hos been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING OR ATTENDING PHYSICIAN: The CAUSES OF DEATH? YES [NO [USe Health by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Year 10 P.M. (If either, notify medical examiner) be detached (AT NOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Jewn County While Not while at work ot work 22a. I certify that (I) (this haspital) attended the deceased from Life saw the deceased alive on the 1900 , and that in (my) (our) opinion death occurred at the date and hour and from the be retained should causes stoled above (1) (we) (did (did not) view the bady after depth 22b. SIGNATUR 22c. DATE SIGNED **ATTENDING** DEGREE PHYS. DIRECTOR PHYS 22e. ADDRESS NAME (Type) director, should be 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE (County) (Stote) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1.68

Seattle

3) 988 S_4 4328 Leans

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

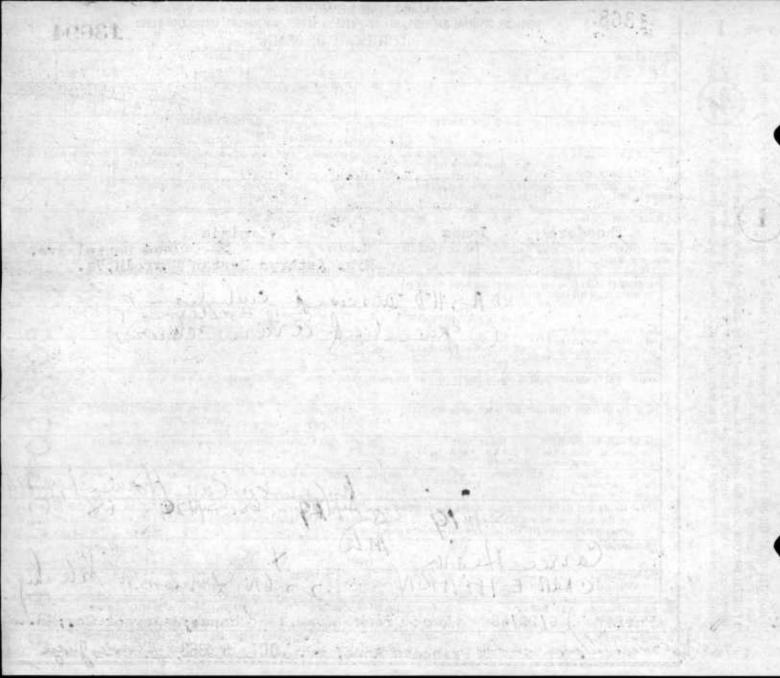
13694

1. DECEASED-NAME	First		Middle		Last		20. DA	TE OF DEATH			2b. HOUR
(Type ar print)	Ida	VIII IV	В.		hite		5	Sept. Month	Day 2		
3. SEX		4. RACE			5. DATE OF I	BIRTH		6. AGE (In year lost birthdoy)	S IF	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS.
Femal	.e	White	e .		Marc	ch 187	6	92	YRS.	ONTHS DAYS	HOURS MIN
To. BIRTHPLACE (St	ate or foreign	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MA	RRIED	9. COUNT	Y OF DEATH			
country) Md •		U.S.A.		WIDOWED	-	ORCED 🗀	Wi	comico			A
ID. CITY OR TOWN Salis		give stre	E OF HOSPITAL OR INS eet address) icomico C	,			ost of wor	TION (Kind af wark king life, even if reti		12b. KIND OF INDUSTRY	BUSINESS OR
	NCE (Where deceose	ed lived, if institution 113b. COUNTY	: Residence before	13c CITY OR	TOWN	13d. INSIDE CITY LI YES X NO	MITS? 13	Be. STREET AND NUMB	ER		
14. FATHER'S NAME		Middle	Last			MAIDEN NAME F	irst	Mid	dle		Last
	neodore	Jo	nes				rgin	ia		3	
	D EVER IN U.S. ARM		6b. SOCIAL SECURITY N		IFORMANT	thryn		148			Ave.
					3 1/0	LILL YIL	Dun	Can Morr	OIR	APPROXIA	MATE INTERVAL
18. CAUSE O PART I.	DEATH WAS CAUSED	Y ane cause per line BY: TE CAUSE (67)	for (o), (b), and (c).)	Disc	resl	10	inle	Misa	r	BETWEEN OF	NSET AND DEATH
rise ta imme	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (b) Constant of the underlying cause last.										
PART 2. OTHI	ER SIGNIFICANT CON	DITIONS CONTRIBUTIN	IG TO DEATH BUT NO	OT RELATED TO	THE TERMIN	AL DISEASE OR C	ONDITION	GIVEN IN PART 1(o)		-617	
19a. DATE OF C	OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PE	RFORMED	2Do. AUT			Db. 1F YES, WERE FIND AUSES OF DEATH?	INGS CON	ISIDERED IN CE	ERTIFYING
₹ DOR CONTRIBU	IT WAS UNDERLYIN TING CAUSE OF DEAT tify medical examin	HOUR A.M.	NJURY Month Doy Year		-		r noture o	f injury in Part 1 or P	ort 2, Iter	m 18.)	
₹ 21d. INJURY While No	OCCURRED 21e.	PLACE OF INJURY / AT			CATION Str	eet or R.F.D. No.	0/	City or Town	ow	Sounty of	450
saw t	220. I certify that (I) (this hospital) attended the deceased from A.A. (1) (we) saw the deceased alive on										
22b. SIGNATU	Carri	e He	ary	DEGR	111131	D D	MED. DIRECTOR	STAFF PHYS.	22c. DA	TE SIGNED	20
22d. PHYSICIA NAME (T	YPe) C AU	TEH	EARN		22e. Al	1 61	V-5	Dirion	220	1820	ski,
230. BURIAL, CREM	ATION, 23b. I	DATE /22/68	23c. NAME OF Rock		CREMATORY		Cha	CATION (City or Town	erse		(State) Md.
24. FUNERAL DIRE	CTOR	/	ADDRESS	π	7.6	2Sa. REC'D E		1968 25b. REGIS	TRAR'S SI	GNATURE	100
- mer	ruces		Princes	5 ARR	e, MC	DATE UU	1 0	1000 %	100	my Day	4

d within 24 hours ofter deoth. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 h TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate Page 4 may be retained by the hospital or ottending physician.

neral and 2

VR A15 (4) 30M REV. 1 08



13684 OBS PRINT Pages 1 and 2 pralafter death. 1. DECEASED-NAME within 24 hours after death (Type or print) compretely filled in by the funeral 3. SEX 0 7o. BIRTHPLACE (State or fareign (country) TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compressly filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove cerbon pages, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 772. Cambeidee Salisburg (Where of odmission) STATE TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected Page 4 may be retained by the hospital or attending physician. 14. FATHER'S NAME First Lari 16a. WAS DECEASED EVER IN U. Yes, na, ar unknown) 18. CAUSE OF DEATH (Ent PART I. DEATH WAS C Conditions, if any, which rise to immediate cause stating the underlying co PART 2. OTHER SIGNIFICAN CERTIFICATION 90. DATE OF OPERATION 21a. ACCIDENT WAS UNDE OR CONTRIBUTING CAUSE flf either, natify medical e 21d. INJURY OCCURRED While Nat while at work 22a. I certify that (I saw the deceas causes stated a 22b. SIGNATORS HAME (Type) BURIAL, CREMATION, 230. REMOVAL (Specify)

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH							
DIVISION OF VITAL RECORDS, 301		E, MARYLAND 21201	13695				
CER	TIFICATE OF DEATH		10030				
First / Middle	Last / 2a. I	DATE OF DEATH	2b. HOUR				
4mond Thomas	s white	Sept Month Day 28	1968 8 PM				
4. RACE	S. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.				
Caus.	12-27-99	lost birthday) Moi	NTHS DAYS HOURS MIN.				
		NTY OF DEATH					
		WICOMICO	Md.				
11. NAME OF HOSPITAL OR INSTITUT		JPATION (Kind of wark done	12b. KIND OF BUSINESS OR				
Md Wicamore Nu	rema Hong during most of y	vorking life, even if retired.) i red Owner	Sheet Metal				
leceased lived, if institution: Residence before 13c.	CITY OR TOWN 13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER					
d 13b. COUNTY	LISBURYES NO	315 Locus	+ Terrare				
Middle Lost	IS. MOTHER'S MAIDEN NAME First	Middle	Last				
ry White	Emma		Taylor				
5. ARMED FORCES? 16b. SOCIAL SECURITY NO.	17. INFORMANT (Wife)		Locust Terrac				
220-01-95	3 Mrs. Amelia A. Wl	nite, Salisbury					
ter only ane cause per lipe or (o), (b), and (c).)	11000	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
AUSED BY:	las lesaldu	m	1-king				
DUE TO, OR AS A CONSEQUENCE OF	/						
gove) (b)							
DUE TO, OR AS A CONSEQUENCE OF							
(c)							
T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	FITED TO THE TERMINAL DISEASE OR CONDITION	DN GIVEN IN PART 1(a)					
ucenorra M-C	ung,						
19b. CONDITION FOR WHICH OPERATION WAS PERFOR	MED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS CONS	IDERED IN CERTIFYING				
Charles Street Street	YES NO NO	CAUSES OF DEATH?					
RLYING 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter nature	af injury in Part 1 ar Part 2, Item	1 18.)				
OF DEATH HOUR A.M. Month Doy Year P.M. 19							
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,)	21f. LOCATION Street or R.F.D. Na.	City or Town C	County State				
Vallet Bolleting, 275							
) (this haspital) attended the deceased fr	om 1/24, 1961,	ta 9/14, 10	, that (I) (we) last				
bave, (1) (we) (aid) (did nat) view the bady	and that in (my) (aur) apinian o	death occurred an the date	and haur and fram the				
2% DATA SIGNED							
1 Outil	DEGREE PHYS. MED. DIRECTOR	STAFF C	1011				
(and)	DEGREE PHYS. DIRECTOR	C LI PHIS. LI	0/60				
Earl M. Beardsley	211 Maryland	Ave., Salisbur	y, Maryland				
			(County) (State)				
		lisbury, Wicomi					
ADDRESS	2Sa, REC'D BY REGI	STRAR 2Sb. REGISTRAR'S SIG	SNATURE				

DATE OCT

1968

VR A15 (1) 30M REV. 1) 78

24. FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13685 13696 CERTIFICATE OF DEATH 2o. DATE OF DEATH 1. DECEASED-NAME First Middle . Last 2b. HOURdeath. within 24 hours after death pup uneral (Type ar print) HAZEL Mc DOWELL 4 6. AGE (In years last hirthday) 4. RACE 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS MONTHS OAYS HOURS FEMALE White July 27, 1908 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED Maryland Wicomico U.S.A. WIDOWED [DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR General Hospital Housewife give street address) Peninsula **INDUSTRY** Salisbury 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Somerset NO ... Westover R.D. Middle 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Walter McDowell Layfield Rena please pun requires that the death certificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Westover. Yes, no, ar unknown) (If yes give war or dates of service) 217-36-1679 Mr. Frederick A. Wilkins. or removal, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 6 YR arecromitens IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p burial, crematic Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been the ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? SD CAUSES OF DEATH? YES 🗔 NO [by the haspital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work of wark 22a. I certify that (I) (this hospital) attended the deceosed fram 4-/7, 1968, 10 , 1761, 1761, 1176 be retained director, page 3 should should be filed with the couses stated abave, (I) (we) (did) (did not) view the body after deoth. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR ATTENDING STAFF PHYS. 9-68 MA DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Nevins W. Todd, M.D. Med. Center, Salisbury, Md. 23c. NAME OF CEMETERY DE CRAMOURY 23d. LOCATION (City or Town) 23b. DATE (County) (State) 23o. BURIAL, CREMATION, Rehoboth Baptist Rehobeth-Somerset-Md. 9-21-1968 2Sb. REGISTRAR'S SIGNATURE ADDRESS 25o. REC'D BY REGISTRAR DATE SEP 2 3 1968 30M REV Pocomoke City. Md

MARYLAND STATE DEPARTMENT OF HEALTH

aensi THE REPORT OF STATES AND ADDRESS. PARTY OF THE PARTY

The state of the s

eral and 2 death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbinated be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event,

Page 4 may be retained by the hospital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W.

1. I KESTON SIKEET, DALTIMOKE, IN	ANTICATED ZIZVI
FICATE OF DEATH	13697

	13685		CERTIFI	CATE OF DEATH		1	369	7
	CEASED-NAME First	Middle		Last	2a. DATE OF DEATH	ath D.	V	2b. HOUR
(1	Clare,	nce Victor		Williams	Mo	nth Day	Year 68	750 AN
3. SE	X	4. RACE		S. DATE OF BIRTH	6. AGE	1 10012	F UNDER 1 YEAR ONTHS I DAYS	IF UNDER 24 HRS. HOURS MIN.
	Male	White		2-2-95		oirthday) M 73 YRS.	ONTHS DAYS	HOURS MIN.
7a. I		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED 9	. COUNTY OF DEATH		TO THE	
(00)	Maryland	U·S.	WIDOWED		Wicom	ico C.	5.	Md
10. (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS			. OCCUPATION (Kind a	f wark dane	12b. KIND OF	BUSINESS OR
	Salisbury	WILCOMICO N	lursin.	g Home Route	st of working life, eve Sa lesman		Oil &	Milk Co
13a. adm	USUAL RESIDENCE (Where deceosed ission) STATE	d lived, if institution: Residence before	13c. CITY C	The second secon		D NUMBER		
	Maryland	Wicomico	Salis	bury -	R.D.S.	Boundr	y Avenu	
14. F	ATHER'S NAME First	Middle Last		IS. MOTHER'S MAIDEN NAME Fir	st	Middle		Lost
	<u>William</u>	Henry Willia		Cinder		E•	Park	
Y		or dates of service)	NO. 17.	INFORMANT Irs. Lyda A. W	illiams (Wi	fe), Sal	sbury	, Md.
	NO .	216-07-88	1 1	Ir. Clarence V	. Williams	ryland	son,	AATE INTERVAL
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), (b), and (c):	7			i y rana	OETWEEN OF	NSET AND DEATH
		E CAUSE (a) Carcino	syna	of pune	was.		19	1
	Conditions of Township and	DUE TO, OR AS A CONSEQUENCE OF		()				
	Conditions, if any, which gove nise to immediate cause (o),	(b)						
	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF						
		(C)	OT DELATED	TO THE TERMINAL DISEASE ORGO	ANDITION CIVEN IN DA	OT 1(=)		
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)							
TION	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	REORMED	20g. AUTOPSY?	20b. IF YES WI	RE FINDINGS COM	ISIDERED IN CE	RTIFYING
MEDICAL CERTIFICATION	The Balletin of Ellandin	A STATE OF CHANGE TO	iti Ottilleb	YES NO NO	CAUSES OF DEA		is the second	
I CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			HOW INJURY OCCURRED (Enter	nature of injury in Pa	t 1 ar Part 2, Ite	m 18.)	
EDICA	(If either, notify medical examine	er) P.M.	9					
×	21d. INJURY OCCURRED 21e. P While Not while	LACE OF INJURY (AT HOME, FARM, STREET, FAC	CTORY.) 21f.	LOCATION Street ar R.F.D. Na.	City or Town	1	Caunty	State
	at wark at work			0/1	0 0/		114	
1		hospital) attended the decease	ed treffi_	nd that in (my) (aur) apin	o, to 4/3	d an the date	that	(I) (we) las
	saw the deceased ali- causes stated above.	(I) (we) (did) (did pot) view the	body ofte	r death.	non deam zecone	a an me aare	and naur	and from the
	22b. SIGNATURE	1. 1/2. 1.1	1/3	N		22, 04	SIGNED/	1
П	DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRE							
H	22d. PHYSICIAN'S		7	22e. ADDRESS	-d 0.40 C	alichur	v Mar	vland
	Dr.	E. M. Beardsley		211 Maryla	nd Ave., S	ailsbui	, , , ,	, , , , , ,
23a.	BURIAL, CREMATION, 23b. DA				23d. LOCATION (City		(County)	(State)
				hodist Church				t
24.	FUNERAL DIRECTOR	ADDRESS		2Sa. REC'D BY	REGISTRAR 1968	o. REGISTRAR'S S	GNATURE	LAR
	HULLUWAY & COM	PANY, SALISBURY,	MARYL	AND DATE OCL	7 1000	1	And June	7

THE STATE OF THE S

wars after deoth.

٠

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1000	CED TIP		D	,	
		CERTIF	ICATE OF	DEATH		13698
1.	PLACE OF DEATH		II 2. USU	AL RESIDENCE (Who		tion: Residence before odmission)
	a. COUNTY		0. 51		b. COU	NTY
	Wicomico	MARY		41724/11	PNC	W.Comico
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY II	N 1b c. CITY	OR TOWN of outside	de carparate limits, write RU	RAL and give neorest town)
	write RURAL and give nearest town)	10 Up.		SALS	bupc/	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in he	scritch aire street addres	J CTDG	ET ADDRESS	Jak cy	e. IS RESIDENCE
-	d. WART OF HOSTIAL OK INSTITUTION (IT HIST III III	aspiral, give street address)	u. sikt	EL ADDRESS	1:11 5%	ON A FARM?
	Plurgis Convelo	esing Home	6	05 14	1// 31/	YES NO 29
	NAME OF First	Middle	10.1	Lost	4. DATE Mon	th Day Year
	(Type or print)	R I-Inle	Will	BUS	OF DEATH 9	4 1968
5.	SEX 6. COLOR OR RACE 7. M	MARRIED NEVER MARRIED	B. DATE (OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	7 NN WI	DIVORCED	- HAR	129.18	last birthday) Yyrs.	Manths Days Haurs Min.
	. USUAL OCCUPATION (Give kind of work dane	10b. KIND OF BUSINESS OR	11. BIR	THPLACE (County & S	itate, or foreign country)	12. CITIZEN OF WHAT
dur	ing mast af working life, even if retired)	INDUSTRY	(BomERS	Sort	COUNTRY?
13.	FATHER'S NAME		14. MO	THER'S MAIDEN NAM	ME	7 2 3,77
15	Spercel	4/1/1		EVA	riles	
15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMA	WT /C	Addr	
(Ye	s, no, or unknown) (If yes give wor or dates of servi		ir. mrokina	1.0 110	11-	17 0
		10	NEM	16 10160	1983€ 17	CHIMERING X.
	1B. CAUSE OF DEATH (Enter only one cause per	line for (a) (b), and (c).)		/ ,	11 -11	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Weden	0-101	11.00	Vosil No	sed to UNSYLAND YEAR
	428 X DUE TO	1001/10	9	1	100	weller -
	Conditions if any which ague >	/		/	/	The state of the s
	rise to immediate couse (a)	-/				-
	stating the underlying couse					
	last. (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT REL	ATED TO THE TERM	INAL DISEASE CONDI	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY
NO	42411	DOTTION TO BELLE	THE TO THE TERM	III DISCISE CONDI	MON ONEN IN TAKE IQUY	19. WAS AUTOPSY PERFORMED?
R	7277					YES NO
H	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OF	CURRED. (Enter nat	ture of injury in Por	rt I or Part II af item 1B.)	
8	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL CERTIFICATION	20c. TIME OF INJURY Manth, Doy, Year	20d. INJURY OCCURRED	20e. PLACE OF INJ	URY (Hame, farm,	20f. (City or tawn)	(County) (State)
MED	Haur 'a.m.	While Not While		, affice bldg., etc.)		
	p.m. (Y	at work at work	1 1.1	1	1-11	2.10
	21. I certify that (I) (this haspital)	afferded the deceased	All the second second second second	, 19	6 1 to 4 de	that (I) (we) las
	saw the deceased alive an	19 OF	ind that Beath	accurred at	M, from couses	and on the date stoted obove
	22a. SUCHETTE D	0711	ATTE	MUNIC MI	ED. STAFF	220. DATE SIGNED
	2011101	VI	M.D. PHYS		RECTOR PHYS.	17 2066
	22c. Christians 14 - 17	~ // "	220	I. ADDRESS	72	1199
	NAME (Typhy To Flo Ply	mell , 111	0 66	7/11/	Macu.	Selesterny
230	. BURIAL, CREMATION, 235 DATE THEREOF	23C NAME OF CENT	TERY OR CREMATO	PV T	23d. LOCATION (City or To	(State)
200	REMOVAL (Specify)	101	and the same		0 10	N.T. 51
0	1248iAL 7-7-6	8 Cottage	GROVE	Los prois	HOCOMOKE	City son, 40.
24	FUNERAL DIRECTOR	SCY Kd, ADDRESS, 2		2Sa. REC'D B		EGISTRAR'S SIGNATURE
	Leceltin Bdolley 34	lisbury/m	d,	DATESEP	1 3 1968 8	maries judge

and completely fulfal in by the funeral remove carbon papers. Pages 1 and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. any avent, with TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician director, page 3 should be detached for use os the buriol-tronsit permit. Then pleas should be filed with the State Dept. of Health prior to burial, cremotion, or removol, and Poge 4 may be retained by the hospital or ottending physician. VR A15 (4) 25M 1/67

80081 AND STREET AND STREET ASSESSMENT OF THE STREET ASSESSMENT OF THE STREET ASSESSMENT OF THE STREET, ASSESSMENT OF THE STREET

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201-13688 CERTIFICATE OF DEATH DECEASED-NAME First Middle Zo. DATE OF DEATH 2b. HOUR (Type or print) Sames DAVID 3. SEX 4. RACE 6. AGE (In years last birthday) BAYS HOURS male December 10.1897 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIEDX NEVER MARRIED country) carbon papers. Wicomico Maryland USA DIVORCED [WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OF working life, even if retired.) Hodwred1 Salisb ury General Rood Processing 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER ISM. BESIDE CITY LIWIST 13b. COUNTY YES NO | Wicomico Fruitland Box 92, Camden Ave. Extd. Maryland 14. FATHER'S NAME Middle First Lost 15. MOTHER'S MAIDEN NAME First Middle Last Williams Fields Trene George Handy please pup the death certificate 17. INFORMANT(Wife) AddressBox 92 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) (If yet give wor or dates of service) Mrs. Pearl C. Williams, Fruitland, Maryland 213-14-6795 War II 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN CHISET AND DEATH PART I DEATH WAS CAUSED BY Standstill ardiac 10 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave to burial-transit rise to immediate cause (a). DUE TO OR AS A CONSEQUENCE OF stating the underlying cause. burial. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY7 50 CAUSES OF DEATH? YES [for use Feelth USB 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TTOR CONTRIBUTING ITT CAUSE OF DEATH HOUR A.M. Month Day Year to If either, natify medical examiner) detached 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, TARM, STREET, TACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State-While Not while at work O FUNERAL DIRECTOR: After this 22a. I certify that (I) (this hospital) attended the seconsed from 19 60, and that in (my) (ber) opinion death occurred on the date and hour and from the saw the deceased alive of causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22s. DATE SIGNED September 13,1968 DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Medical Center, Salisbury, Maryland director, Burton 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION 23b. DATE (County) Salisbury, Wicomico, Maryland Sept. 16,1968 Wicomico Memorial Park 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

DATE SEP 1 7 1968

VR A15 (AU) 30M REV LYA

MARYLAND STATE DEPARTMENT OF HEALTH

The second secon SET 17-1988 PERSONAL

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13689 13700 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 20. DATE OF DEATH Lost 2b. HOUR urs ofter death (Type or print) Edward prember IF UNDER 1 YEAR 3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. lost birthdoy) DAYS HOURS 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Wicomico WIDOWED T DIVORCED A 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR General Hospithying most of working life, even if retired.) LAborer Salisbury physician and completel event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 50 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the deoth certificate be executed SALISBURY 325 Del YES 🔀 remove ond in ony IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Lost Thom As WILSON 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give wor or dates of service) Leti HiA Dela WARE Q12-14-4352 buriol-transit permit. Then pl burial, cremotion, or removal, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSÉ (o) Conditions, if ony, which gove) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been ed for use os the of Heolth prior to TENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. AT HOME, FARM, STREET, FACTORY. 1 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY County Stote City or Town While Not while of work 220. I certify that (1) (this haspital) attended the deceased from. ond that in (my) (aur) apinian death occurred on the date and haur and fram the saw the deceased alive onbe retained director, page 3 should should be filed with the causes stated abave, (I) (we) (did) (did hot) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City of Town) SALS becky 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION (County) GREEN ACROS 10.co. 2So. REC'D BY REGISTRAR 2Sb. VR A15 (4) 1968 30M REV. TX38

MARYLAND STATE DEPARTMENT OF HEALTH